



Becoming a Professional Individual Provider (IP)

Student Manual

Published by the Home Care Quality Authority



Acknowledgements

Training to prepare new workers for in-home care is the result of many people across Washington who share a common vision to improve the individual provider workforce. The input and expertise we have received comes from all corners of the state: from workers, employers and their families, educators, policy-makers, and concerned citizens. Without the extensive network of people who willingly shared their thoughts, hopes and dreams, this manual and a host of other materials we've developed would not be possible.



Phone: 1-866-HCQA (4 2 7 2)

Email: info@hcqa.wa.gov

Website: www.hcqa.wa.gov

About the Training

This *Becoming a Professional Individual Provider* course is three hours of training, which is designed to be completed in one continuous session.

Key Words

Each section of this course will begin with “Key Words” in which words that are used in the section will be defined or described.

For example, in this section the word **individual** is defined as “How this training refers to individuals receiving publicly-funded in-home services. It will remind you to treat each person you support as an individual with unique interests, abilities, preferences, and needs.”

You may use the words “consumers” or “employers” or some other word when referring to people you support, but it would be beneficial to find out from your employer which term(s) they prefer. However, throughout this training, individuals receiving in-home services will be referred to as “individuals” or, in some instances, “people” or “person.”

Quizzes

At the end of each section of this course, you will have a short quiz. The quiz questions will be multiple choice. We will go over the answers together in class.

Student Participation

It is important to actively participate in all course activities. You will be building upon your knowledge through reflection (your own experiences, thoughts and perceptions) as well as learning from your colleagues through paired activities or small group exercises.

Please Note

Before starting this training, it is important to note that this training does not replace the professional advice of doctors, lawyers, and other experts. This training is based upon what are widely considered to be preferred practices. However, circumstances for each individual are unique and therefore require services and supports specifically designed to meet that individual's needs.

As preferences differ from person to person, it is expected that you will familiarize yourself with the preferences of your employer. It is possible that some practices with your employer will differ from preferred practices that you learn from this training. What should you do? Start by talking to your employer about these differences and the best course of action. And remember: never risk your safety or that of an individual, to do something for which you feel unqualified. It is always okay to ask for help.

The Individual Provider

OUTCOMES

When you finish this session, you will be able to:

- Define the term “developmental disability.”
- Define the term “functional disability.”
- Identify differences between functional and developmental disabilities.
- Identify the values of the Washington service system for individuals receiving in-home care.
- Demonstrate awareness of your own attitudes and beliefs about others and how those attitudes and beliefs may impact your work.
- Describe your general role in the Washington service system for individuals receiving in-home and self-directed care.
- Define “philosophy of independent living;” how it impacts your work.
- Identify ways to use ethics, observation, communication, decision making, and documentation in your work.
- Describe your role as a team member.
- Use “People First” language.
- Identify ways to determine how others would like to be treated.

KEYWORDS

Developmental Disability: A developmental disability begins before someone reaches 18 years of age; is something that goes on throughout a person’s life; is a substantial disability for the individual; and often means there is a need for some kind of assistance.

Functional Disability: Pain, weakness, stiffness or paralysis caused by sprain, stroke, traumatic brain injury, or due to congenital (a condition a person is born with) disability.

Individual Provider (IP): An IP works with and supports people with developmental disabilities, who are elderly and others who receive publicly-funded services where they live and work.

Individual: How this training refers to Individuals you will work for. It will remind you to treat each person you support as an individual with unique interests, abilities, preferences, and needs.

People First Language: Language that refers to the qualities of a person, not a person’s disabilities.

Platinum Rule: Treat others as they would like to be treated.

Professional Ethics: A set of standards to guide one’s professional behavior.

Values: Ideals that shape the quality of services and supports.

Introduction

W

hat is the reason for this Individual Provider (IP) training? There are two reasons, and they are connected to each other.

The first is to help you do the best job you can in supporting individuals to have a better quality of life. The second reason is this: when you do the best job you are able to do, your professional life

should be more rewarding, which should improve your quality of life. As an IP there is something valuable in this training, not only for the individuals you are working with, but for yourself personally. There is nothing better than a situation in which everyone wins! We will begin the training by getting to know each other and learning more about what the training will cover.

ACTIVITY

Getting to Know You

Directions: Pair up with someone in class. Take turns asking each other the following questions. Write your partner's answers below.

What is your name?

Where do you work (or where have you worked recently)?

What are three positive words that describe how you feel about the work you will do as an individual provider?

1

2

3

Supporting a Better Quality of Life

So what does “quality of life” mean? It means different things to different people. Generally, people experience a good quality of life when they:

- Are able to make choices in their lives, and their choices are encouraged, supported, and respected.
- Have close, supportive relationships with friends and family.
- Live in a home that is comfortable for them and with people who know and care about them.
- Participate in activities they find enjoyable.
- Have access to health care and have the best possible health.
- Feel safe and are safe.
- Are treated with dignity and respect.
- Are generally satisfied with their lives.

ACTIVITY

Directions: Think about what “quality of life” means for you. Write down five things that are important in your life (things you think are necessary for you to have a good quality of life).

1. _____

2. _____

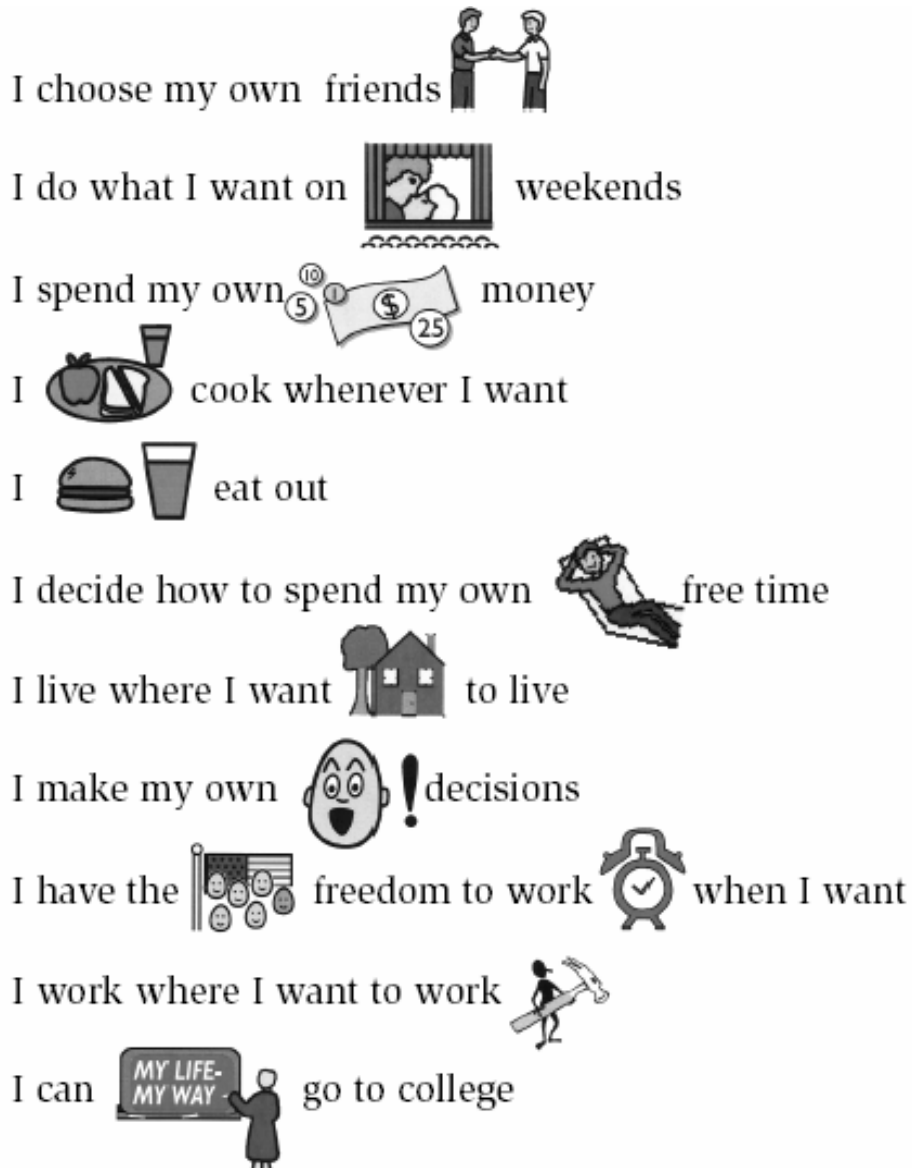
3. _____

4. _____

5. _____

Supporting a Better Quality of Life, *continued*

Now let's see what some people with developmental disabilities have to say about what quality of life means to them. In 2003, a number of individuals with developmental disabilities were asked, "What does quality of life mean to you? What things are important in your life (things that you think are necessary for you to have good quality of life)?" This is what they said:



SOURCE: Community Conversations with People with Developmental Disabilities in California. Published by California Department of Developmental Services at http://www.dds.cahwnet.gov/cac/pdf/CAC_ConversationswDD.pdf

Supporting a Better Quality of Life, *continued*

In many of the above areas, the individuals surveyed felt they were doing pretty well; however, individuals said they specifically wanted more choices in the area of relationships, personal care, and personal freedom.

Relationships

In the area of relationships, they wanted to spend more time with friends, see their families more often and at holidays, spend some time with boyfriends and girlfriends, and get married.

Personal Care

In the area of personal care they wanted better trained doctors and more of them, good healthy food available, and more recreational opportunities.

Personal Freedom

In the area of personal freedom, they wanted to spend more time in the community, to make their own decisions about when to go on a diet, to go on more vacations, and to be more a part of their communities.

People wanted to say some very specific things to the people who support them: that means you. They want to wear clean clothes; to decide on their own bedtime and not to have a schedule; to watch the television programs they like at the times they want; to see boyfriends and girlfriends when they want; and, to invite more visitors to come over to visit.¹

As we go through this training, listen, learn, and think about what individuals you will or currently support have to say about what is important to them and how you can apply what you learn in supporting the individuals you serve to lead quality lives.

¹ Excerpted and Adapted from Department of Developmental Service's Consumer Advisory Committee, *Community Conversations with People with Developmental Disabilities in California*.

The Individual Provider

A

N Individual Provider (IP) works with and supports individuals in the places they live and work. IPs perform their jobs in privately-owned homes, licensed homes, day programs, supported or independent living environments, or work sites. An IP has many important roles to play.

You are:

- A **PARTNER**, supporting individuals in leading independent lives and participating in and contributing to the community.
- A **TEACHER**, finding creative and fun ways to help individuals learn meaningful skills and providing them with information to make the best choices for themselves.
- An **AMBASSADOR** to the individual's community, encouraging others to support individuals you support as neighbors, friends, and co-workers.
- An **ADVOCATE**, supporting individuals in exercising their rights and responsibilities.
- A **SUPPORTER** seeking to understand the likes, dislikes, hopes, and dreams of individuals you support and cheering individuals on as they make progress toward their life goals.

All of the roles that you play have a common focus on supporting individuals to live the kind of life they hope and dream about. The IP is a Partner, Teacher, Ambassador, Advocate, and Supporter.

The IP is *not* a boss or one who orders people around and makes them do things they may or may not want to do. Likewise, the IP should *not* act like a parent to the people they support who are not their own child.

The job of the IP carries a great deal of responsibility, and it is easy to get these roles confused. Unlike a parent, legal guardian, or conservator, the IP who is not related to the person they support does not have the responsibility to make important life decisions for individuals they work for and with.

Instead, the individuals themselves, with the help of parents, legal guardians, families, or conservators, as appropriate, make decisions about their own lives.

Scenario: Role of the Individual Provider

Featuring



Jarred

A 23 year-old man



Mike

Jarred's individual
provider



Lois

Health club manager

Jarred is sitting on the front steps of his house. He looks dejected. Mike, his individual provider, asks Jason why he looks bummed out.

Jarred: "I got kicked out of the gym."

Mike: "Why?"

Jarred: "Some guys were calling me names."

Mike: "Why did they do that?"

Jarred: "I don't know."

Mike: "Which gym were you playing at? The one on Main Street?"

Jarred nod his head yes.

Mike: "I know that gym. I'm gonna call them and find out what's wrong."

Mike is inside the house on the phone. He calls Lois, the health club manager. Mike describes Jarred to Lois.

Lois: "Oh yeah, that slow guy."

Mike: "Well, ah, I was wondering why he was asked to leave the gym the other day. He says he was kicked out."

Lois: "He doesn't know how to play basketball properly so he gets fouled all the time. I figured I saved him from getting beat up."

Mike: "Maybe his basketball and social skills aren't the best, but Jarred really enjoys playing basketball. Is it okay for him to still come to the gym?"

Lois: "Maybe it's just better if he plays at the park."

Mike: "Well, we do go to the park and he enjoys that. But the gym is much better for him."

Lois: "Okay, okay. I get it. Don't make problems for me. Since he's special, I'll make a deal with you. I'll keep the gym open an extra hour just for him while I do paperwork."

Mike: "That's nice, but Jarred really needs to learn social skills and team work. If I come with him, can he continue to come to the gym?"

Lois: "Okay...if you can teach him social skills, I suppose that's okay."

Later, Mike and Jarred are playing basketball in the driveway of Jarred's house.

Mike: "Hey, I talked to the lady at the gym and she said you can still come to the gym, but I gotta teach you a little about basketball first. What was that name those guys were calling you?"

Jarred: "Fouler-baby."

Mike: "Let me show you something. Why don't you try to defend me?"

Mike dribbles the ball as Jarred nudges really close, blocking Mike's every move.

Mike: "Whoa! You can't get that close to people, or else it's a foul. Let me show you how to do it." (Mike shows the proper way to block a shot.) "See how I'm not touching you? Why don't you try it."

Jarred blocks Mike's shot successfully—just the way Mike showed him.

Mike: "Good defense! Good job, Jarred!"

Weeks later, Mike and Jarred are inside Lois' office at the health club.

Mike: "We've been coming to the gym for about two weeks now and Jarred's having a really good time. We wanted to see how he's doing."

Lois: "Okay, I guess. Lucky for you so far."

Mike: "Like I said, Jarred has really enjoyed himself and we were hoping he could join your league team."

1. What roles do Mike play?
 2. How is Mike an Advocate?
 3. Does Jarred's quality of life change as a result of Mike playing the different roles?
-

ACTIVITY

Individual Provider Roles and Responsibilities

Directions: Read the following scenario. Draw a line from each activity to its matching role. Some roles will have more than one activity attached to them.

Mary, a new IP, asked Tom, a fellow IP, to tell her what he does during a typical work day. Here are some of the activities Tom did:

ROLES

Partner

- Tom talked to Martha, the case manager, about getting ready for A.J.'s planning meeting scheduled for Tuesday. Tom would like to see A.J. get a bus pass for the Tacoma area now that he uses the bus to go to work.
- Tom assisted A.J. with his medication.

Teacher

- Tom spent time teaching A.J. how to put a tape into his own VCR.
- Tom helped A.J. and Marissa make breakfast.

Ambassador

- Tom talked with Marissa about her parents. Marissa feels that her parents are too controlling.
- Tom helped A.J. clean up his room.

Advocate

- Tom talked to Martha about tacking down a piece of carpet that A.J. tripped over.
- Tom helped A.J. pick out matching clothes to wear.

Supporter

- Tom talked to A.J.'s boss at Starbucks. He answered his questions about A.J.'s disability.
- A.J.'s counselor was late for an appointment, and Tom could tell that A.J. was upset. Tom went for a short walk with A.J. to help him settle down.
- Tom helped Marissa make a list of questions for the doctor before he took her to her appointment.

Teaming with Others to Support Individuals

Another important role that the IP plays is that of a Team Member. As an IP, you are a member of several teams: the team of staff who work to support individuals in the home, each person's individual support team, and each individual's care team. People who might be part of these teams include: individuals and their families; the case manager and other IPs, both in the home and at a day

or work site; health care professionals, and other representatives from community agencies.

You will find that working as part of a team is often better than working alone. Sharing information and ideas with team members leads to creative planning and problem solving. ***In order to protect your employer's privacy, only share information with people named on the Individual Service Plan.***

The Individual Provider Profession

People like you, who support individuals in their daily lives, were not always considered "professionals." More recently, the importance of the challenging work that you and other IPs perform has gained broad recognition and acknowledgement as a profession.

Specific knowledge, skills, and commonly agreed-upon standards for professional conduct are what separate a "job" from a "profession." This training focuses on the skills, knowledge, and abilities that have been identified by individuals receiving Medicaid services, individual providers, and others as critical to satisfactory job performance.

Nationwide, IPs have joined together to form a professional organization called the National Alliance for Direct Support Professionals (NADSP). The NADSP has developed a set of **professional ethics** (standards for professional conduct) for IPs. The complete text of the NADSP Code of Ethics is in Appendix A.

Information about how to get connected with this organization is included in the Resources section of this manual. NADSP has a Web site and newsletter written by and for IPs that contains very helpful and supportive information for IPs.

Values to Guide Your Work

A **guiding principle** of long-term in-home care in Washington state is that services enable people to remain in their own home and community, whenever possible.

The overall **mission** of Washington state's long-term in-home care system:

- helps individuals and their families develop and maintain self-sufficiency;
- remain valued and contributing members of their community; and
- maximizes quality of life by managing services that are high quality, cost effective, and responsive to individual needs and preferences.

The long-term in-home care system in Washington is also guided by the following **values**:

- Individual worth, dignity, respect, self-direction and self-sufficiency.
- Freedom from abuse, neglect, abandonment, financial exploitation, and discrimination.

Washington's long-term in-home care system also **promotes** quality, safety, access, accountability, and non-discrimination in its service system.

SOURCE: Adapted from Department of Social and Health Services Aging and Adult Services *Strategic Plan 2006-2011*.

Individual providers have very important job responsibilities that significantly affect their employer's life. Maintaining dignity and respect while also supporting an individual to maintain self-sufficiency requires special skills. You can do this by:

- Making sure that how your employer wants things done is incorporated into how you perform his/her personal care.
- Doing everything possible to ensure your employer's dignity and privacy are respected.
- Working with your employer to encourage them to do as much as possible on their own.
- Knowing, taking pride in, and performing your role as a member of the care team. This includes:
 - Monitoring changes in your employers health (physical and mental) condition
 - Knowing when and what to report to the appropriate care team member(s)
- Identifying problem situations and taking the necessary action to support your employer's well-being.
- Responding to emergencies without supervision if necessary.

SOURCE: Adapted from Department of Social and Health Services, Home and Community Services, *Revised Fundamentals of Caregiving Learner's Guide*, 2003.

The Individual Provider Toolbox

W

hether you are working independently or with a team, you will need a set of “tools”—basic skills and knowledge—to help you successfully meet the daily challenges of your job. Just as a carpenter cannot do a job without a hammer and nails, an IP cannot provide the best possible support to individuals without the IP tools. Tools in the IP Toolbox are:



Ethics: enable the IP to make ethical decisions



Observation: enables the IP to observe people and places for things that could affect an individual's health and well-being



Communication: enables the IP to communicate in a variety of ways



Decision making: enables the IP to choose the best course of action with the information at hand



Documentation: enables the IP to document important information about individuals and events

Many situations in your work call for using several tools at the same time.

For example, if an individual is sick, you might use every tool in the Individual Provider Toolbox:

- **Ethics** to guide you in promoting the individual's physical well-being by helping to identify the illness and ensuring timely medical treatment with dignity and respect.
- **Observation** by using your senses to identify changes that are likely to be signs and symptoms of illness. You might *see* the individual rubbing her stomach, *feel* her skin is cold and clammy, or *hear* her moaning and saying “my stomach hurts.”
- **Communication** to ask questions about someone's pain such as, “How long has it hurt you?” Communication also means listening and understanding an individual's response.
- **Decision making** to decide how to respond to the individual's illness based on what you have observed and what has been communicated. For example, “Do I need to call the case manager, family or doctor, or take her directly to the emergency room?”
- **Documentation** to record information about the illness to bring to the doctor's appointment.

Scenario: The Individual Provider (IP) Toolbox

Featuring



Howard

A 72 year-old man



Steve

Howard's individual
provider



Dr. Smith

Howard's doctor

Howard is sitting on the examining table in Dr. Smith's office. Steve, Howard's IP, is sitting off to the side as Dr. Smith talks with Howard, who has not been feeling well.

Doctor: "So, Howard, you've been sick for ten days and you're not getting better and now you have a headache. You probably have an acute sinus infection in addition to your bronchitis. This will prolong your illness. I think good medication will make you feel better. Are you currently taking any medications?"

Howard, unsure, looks to Steve for an answer.

Steve: "He takes medication for his heart."

Doctor: "That shouldn't be a problem. Are you allergic to penicillin or other medication?"

Howard looks again to Steve for an answer.

Steve: "Right now he doesn't have any allergies that we know of."

Doctor: "I'm going to prescribe you Amoxicillin, which will help fight your sinus infection. I want you to take one pill a day for ten days. Keep taking it even if you feel better. The other thing I'm going to prescribe is a cough medicine. Take one teaspoon every six hours as needed for your cough. Any questions?"

Steve: "Are there any side effects or anything? Anything else you can think of, Howard?"

(continued)

Doctor: “Well, an allergic reaction is a side effect of Amoxicillin, but since he hasn’t had an allergic reaction before, he probably won’t have one this time. But, if he gets short of breath, develops a rash or hives, stop taking the medicine and call us immediately. When you pick up your medication at the pharmacy, the pharmacist will give you a medication sheet with detailed information. If you have any questions about the medicine, go ahead and ask the pharmacist.”

Steve: “Sounds good. That’s all I can think of. Howard, is there anything you want to tell the doctor while we’re here?”

Howard: “No.”

1. How did the IP use Ethics?
2. How did the IP use Communication?
3. How did Howard feel?

The Individual Provider Toolbox: Additional Information

ETHICS



Ethics are rules about how people think they and others should behave. People's ethics are influenced by a variety of factors, including culture, education and the law.

- The NADSP developed a Code of Ethics (Appendix A) to guide the behavior of IPs. Refer to the Code when in doubt about the most ethical thing to do.

- Here is a condensed version of the NADSP Code of Ethics:

1. Advocacy: As an IP, I will work with the individuals I support to fight for fairness and full participation in their communities.

2. Person-Centered Supports: As an IP, my first loyalty is to the individual I support. Everything I do in my job will reflect this loyalty.

3. Promoting Physical and Emotional Well-Being: As an IP, I am responsible for supporting the emotional, physical, and personal well-being of individuals receiving support while being attentive and energetic in reducing their risk of harm.

4. Integrity and Responsibility: As an IP, I will support the mission of my profession to assist individuals to live the kind of life they choose. I will be a partner to the individuals I support.

5. Confidentiality: As an IP, I will protect and respect the confidentiality and privacy of the individuals I support.

6. Fairness: As an IP, I will promote and practice fairness for the individuals I support. I will promote the rights and responsibilities of the individuals I support.

7. Respect: As an IP, I will respect the individuals I support and help others recognize their value.

8. Relationships: As an IP, I will assist the individuals I support to develop and maintain relationships.

9. Self-Determination: As an IP, I will assist the individuals I support to direct the course of their own lives.

OBSERVATION



Observation is noticing change in an individual's health, attitude, appearance, or behavior.

- Get to know the individual so you can tell when something changes.
- Use your senses of sight, hearing, touch, and smell to observe signs or changes.
- Get to know the individual's environment and look for things that may impact an individual's and other's safety and well being.

COMMUNICATION



Communication is understanding and being understood.

- Listen carefully to what is being communicated through words and behavior.
 - Repeat back what was communicated to confirm understanding.
 - Ask questions to gain a more complete understanding.
 - Be respectful.
-

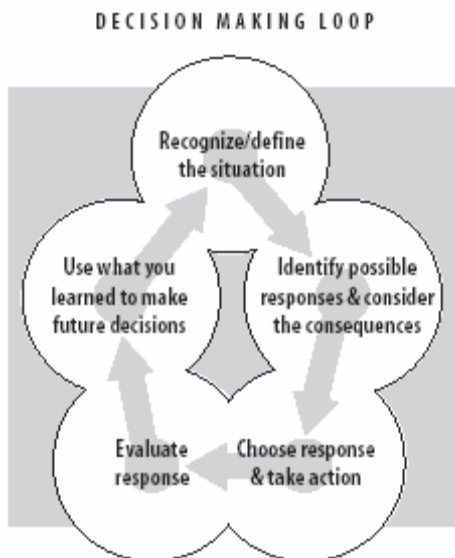
The Individual Provider Toolbox: Additional Information

DECISION MAKING



Decision making is choosing the best response to a situation with the information that is available to you. Decision making is an ongoing process.

- Recognize/define the situation
- Identify possible responses and consider the consequences.
- Choose a response and take action.
- Evaluate how your response worked.
- Were the consequences positive? If not, what could have made it work better?
- Use what you learned to make decisions in the future.



DOCUMENTATION



Documentation is a written record.

- The IP should keep consumer/employer notes for the following important, non-routine events in an individual's life: medical and dental visits, illness/injury, special incidents, community outings, overnight visits away from the home, and communications with the individual's physician. (Note any changes in behavior or appearance).
- Do not document personal opinions, just the facts (for example, who, what, when, and where).
- Be specific when describing behaviors.
- Record what the person actually said or describe non-verbal attempts to communicate.
- Describe the event from beginning to end.
- Be brief.

Individuals with Functional and Developmental Disabilities

Who are the people you support? First, they are **individuals**. The people you support are children and adults, male and female, and come from interesting backgrounds just like you. They have many unique preferences and qualities that you will get to know as you get to know them. What the individuals you support have in common is that they have functional or developmental disabilities.

Functional disabilities are caused by a number of things: illness, stroke, brain injury, or as a result of congenital disability. Symptoms of functional disability include pain, weakness, stiffness or paralysis. Persons with functional disability require assistance with one or more daily activities because they have varying levels of self-sufficiency or mobility.

Additionally, you may also support children who have high physical or personal care needs. Other potential employers are older individuals who receive in-home services that allow them to remain in their own communities. Working with these individuals may present challenges, but the rewards far outweigh those challenges.

An IP working with aging adults may want to consider specialized training or self-study to adequately support persons with cognitive or behavioral issues:

- Dementia
- Delirium
- Depression
- Anxiety/grief
- Mental illness
- Personality disorders

You may also work for a person who has an age-related illness, such as Parkinson's or Alzheimer's disease.

Following is some basic information about the causes and kinds of developmental disabilities. You are not expected to know everything about every type of developmental disability. However, it is important that you know and understand the types of disabilities that the individuals you work with have in order to provide them with the best possible service and support.

Your employer may be:

- Functionally disabled
- Developmentally disabled
- Aged
- A child

Remember that above all,
your employer is an
INDIVIDUAL.

What is a Developmental Disability?

A **developmental disability**, as defined by Washington state law:

- Begins before someone reaches 18 years of age
- Is something that goes on throughout an individual's life
- Is a substantial disability for the individual
- Often means there is a need for some kind of assistance in the individual's daily life.

Developmental disabilities include mental retardation, cerebral palsy, epilepsy, and autism. Also included in the legal definition are people who need the same kinds of support as those who have mental retardation. It does not include people who have only physical, learning, or mental health challenges.

Causes of Developmental Disability

Many things can cause a developmental disability, such as:

- The mother having a serious illness, poor eating habits, or poor health care, or the fact that she smokes, drinks alcohol, or uses drugs.
- A serious accident, abuse, lead poisoning, or poor nutrition.
- Chemical or chromosomal differences (like Downs Syndrome) or an inherited condition.
- A lack of oxygen to the brain, low weight, or a difficult birth.

While keeping the above causes in mind, remember that often, the cause is not known and can happen to any family.

What is a Functional Disability?

A functional disability may include one or all of the following:

- limitations in or inability to perform a variety of physical activities
- serious sensory impairment
- long-term care needs
- use of assistive devices

Functional disabilities include cognitive, communication, coordination or manipulation, hearing, mobility, vision, learning or mental health challenges. It does not include people who have developmental disabilities.

Causes of Functional Disability

Functional disabilities can happen to anyone, at any time. Illness, stroke, brain or spinal cord injury or a condition a person is born with may be causes of functional disability. Arthritis, diabetes, coronary artery disease, cancer or cognitive impairment also may lead to functional disability.

The Disabled

By Kathleen Snow

According to stereotypical myths, they are:
People who *suffer* from the *tragedy* of *birth defects*.
Paralegic heroes who *struggle* to become *normal* again.
Victims who *fight* to *overcome* their *challenges*.
Categorically they are called *retarded*, *autistic*, *blind*,
deaf, *learning disabled*, etc., etc., etc.—*ad nauseum*!
Who are they, really?
Moms and Dads...Sons and Daughters...
Employees and Employers...Friends and Neighbors...
Students and Teachers...Leaders and Followers...
Scientists (Stephen Hawking)...
Movie Stars...(Marlee Matlin)...
They are people.
They are people first.

Major Kinds of Developmental Disabilities

The following graph illustrates the major kinds of developmental disabilities: mental retardation, cerebral palsy, autism and epilepsy. The graph also tells you what those disabilities might look like and how that might impact how you support individuals.

<i>Developmental Disability</i>	<i>Characteristics</i>	<i>Notes for IP</i>
Mental Retardation	<ul style="list-style-type: none"> ▪ Learns slowly. ▪ Has a hard time remembering things that are learned. ▪ Has a hard time using what is learned in a new situation. ▪ Thinks about things in more real-life or concrete ways. ▪ Keeps learning and developing throughout life as we all do. 	<ul style="list-style-type: none"> ▪ There are different levels of mental retardation from mild to severe. This means that individuals need different types of assistance in daily living. ▪ Very different from mental illness. Some people who have mental retardation also have mental illness, but most people who have mental illness do not have mental retardation.
Cerebral Palsy	<ul style="list-style-type: none"> ▪ Awkward or involuntary movements. ▪ Poor balance. ▪ An unusual walk. ▪ Poor motor coordination. ▪ Speech difficulties. 	<ul style="list-style-type: none"> ▪ "Cerebral" refers to the brain and "palsy" to a condition that affects physical movement. ▪ Ranges from mild to severe. ▪ Not a contagious disease—you can't "catch" it. ▪ People can lead more independent lives through physical therapy and the use of special devices (for example, computers and wheelchairs). ▪ May also have mental retardation and/or epilepsy.
Autism	<ul style="list-style-type: none"> ▪ Generally has a difficult time making friends. ▪ May have unusual emotional responses, such as laughing at a car accident. ▪ Generally has a difficult time communicating with other people. ▪ May repeat words and/or body movements. 	<ul style="list-style-type: none"> ▪ Affects people in many different ways. The causes are not very well understood. ▪ Some people who have autism also have mental retardation.
Epilepsy	<ul style="list-style-type: none"> ▪ Has seizures. ▪ May become unconscious. ▪ Movement or actions may change for a short time. 	<ul style="list-style-type: none"> ▪ Epilepsy is sometimes called a seizure disorder. ▪ Individuals with epilepsy may also have mental retardation, cerebral palsy, or autism.
Other		<ul style="list-style-type: none"> ▪ Includes people who meet the same kinds of support as those who have mental retardation. ▪ It does not include people who have only physical, learning or mental health challenges. ▪ Examples are conditions like Neurofibromatosis, Tuberous Sclerosis, and Prader-Willi Syndrome.

Functional Disabilities by Type

The following chart illustrates the major kinds of functional disabilities: cognition, communication, coordination or manipulation, hearing, mobility and vision.

<i>Functional Disability</i>	<i>Characteristics</i>
Cognition	Cognitive disability involves the brain's ability to process, retrieve, store and manipulate information. It is usually manifested in impairments to attention, orientation and memory. Cognitive disability includes deficits in such tasks as problem-solving, judgment, information processing (reading, writing, mathematics) and behavior.
Communication	Communication disability involves the process of interpreting the words or movements of others and expressing one's own thoughts and emotions through words, writing and body language. This disability often manifests in problems of oral speech, listening skills and in written communication.
Coordination or Manipulation	Disability in coordination affects fine manipulation by the hands such as fingering, feeling, grasping, pinching and handling. Tasks that can be impaired include typing, writing, eating, bathing, grooming, dressing oneself, telephoning, handling money, and in general any tasks including use of the hands for manipulation.
Hearing	Hearing disability includes any impairment of hearing that limits the ability to detect and discriminate among sounds that vary over ranges of pitch and loudness, frequently manifesting in poor auditory communication. Hearing disability can also include difficulty maintaining attention to sounds or localizing sounds (identifying the direction and distance of sound sources).
Mobility	Mobility disability includes impairments in movement that involves change of position or location. Bed mobility refers to changing position side-to-side, wheelchair mobility refers to propelling the wheelchair on various surfaces as well as managing wheelchair parts, and functional ambulation refers to walking with some aid, such as crutches, to move about. Limitations in mobility may affect standing, walking, lifting, carrying, balancing, stooping, kneeling and stamina/endurance to accomplish these tasks.
Vision	Disability in vision manifests as impairments to near or far vision, color discrimination, night vision, peripheral vision, glare sensitivity and depth perception. Visual disability varies widely in kind and degree, and in the more advanced cases includes blindness. Visual disability can affect a very broad range of activities and tasks.

Developmental Delays

A developmental delay is a very large difference between a young child's abilities and what is usually expected of children the same age. ("Young" is defined as up to 36 months of age.) Infants and toddlers who have a developmental delay can receive early intervention services. These services support the child in learning the things that will help him or her start to catch up.

Special Issues for an Aging Population

People are living longer—the latest census indicates the 85 years and older age group is the fastest growing population group nationally. Not all seniors will require in-home care, but many seniors will experience a decline in functioning and will need in-home assistance at some point. In Washington, just over half of all seniors served by the Department of Social and Health Services are assisted in their own homes, rather than more costly nursing homes or other residential settings.

When working with an older individual, it is important to know that as a person ages, their bodies go through changes—our bodies shift from growing to maintaining. This means that the body systems slow down and we don't make new cells as fast as we used to. Each person ages differently, and the aging process is affected more by a person's physical condition than his or her actual age. Although there are some conditions more common in an older adult, very few diseases or functional changes are a normal part of aging. It is a myth that growing old has certain problems.

There are psychological and social changes as we age. Some changes are positive and some are not. Positive changes include:

- Enjoying family members
- Enjoying hobbies
- Being the “wise” elder
- Having more leisure time

Individuals with Disabilities Are People First

While it's important to learn about the names and causes of developmental disabilities, **individuals with developmental or functional disabilities are people first**. One group of self-advocates came up with the saying, “Label Jars, Not People.” For example, the subtle difference between calling Joe “a person with autism” rather than “an autistic person” is one that acknowledges Joe as a person first. This is one example of what is called **People First Language**. A good way to ensure that you are using People First Language is to begin describing people with the words “individual,” “person,” “man,” or “woman.”

“The difference between the right word and the almost right word is the difference between lightening and the lightening bug.”
- Mark Twain

The Golden Rule vs. the Platinum Rule

It is not enough to use People First Language to show respect for individuals. It is also important to demonstrate **People First Behavior**. What does that mean? It means that:

- You take the time to learn about an individual's needs, strengths, and preferences.
- You do not assume that you know what is best.
- Your manner of supporting individuals reflects their needs, strengths, and preferences.

The old rule was the **Golden Rule**: Treat others the way you would want to be treated. The new rule is the **Platinum Rule**: Treat others as they want to be treated.

Person First Language: Guidelines For Discussing People With Disabilities

It's the "Person First" - THEN the Disability

If you saw a person in a wheelchair unable to get up the stairs into a building, would you say "there is a handicapped person unable to find a ramp?" Or would you say "there is a person with a disability who is handicapped by an inaccessible building?" What is the proper way to speak to or about someone who has a disability?

Consider how you would introduce someone - Jane Doe - who doesn't have a disability. You would give her name, where she lives, what she does or what she is interested in - she likes swimming, or eating Mexican food, or watching Robert Redford movies.

Why say it differently for a person with disabilities? Every person is made up of many characteristics - mental as well as physical - few want to be identified only by their ability to play tennis or by their love for fried onions or by the mole that's on their face. Those are just parts of us.

Person first language

In speaking or writing, remember that children or adults with disabilities are like everyone else - except they happen to have a disability. Therefore, here are a few tips for improving your language related to disabilities:

1. Speak of the person first, then the disability.
2. Emphasize abilities, not limitations.
3. Do not label people as part of a disability group - don't say "disabled", say "people with disabilities."
4. Don't give excessive praise or attention to a person with a disability; don't patronize them.
5. Choice and independence are important; let the person do or speak for him or herself as much as possible; if addressing an adult, say "Bill" instead of "Billy."
6. A disability is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc. use handicap to describe a situation or barrier imposed by society, the environment, or oneself.

Person-First Language:

The practice of referring to persons with disabilities with the term denoting disability following terms referring to them as an individual. Person-first avoids impersonal, negative and medical terminology.

SAY...	INSTEAD OF...
child with a disability	disabled or handicapped child
person with cerebral palsy	palsied, or C.P., or spastic
person who has...	afflicted, suffers from, victim
without speech, nonverbal	mute, or dumb
developmental delay	slow
emotional disorder or mental illness	crazy or insane
deaf or hearing impaired	deaf and dumb
uses a wheelchair	confined to a wheelchair
person with mental retardation	retarded
has a learning disability	is learning disabled
non-disabled	normal, healthy
has a physical disability	crippled
congenital disability	birth defect

SOURCE: Adapted from "Tools for Teachers" by the New Jersey Council on Developmental Disabilities.
<http://www.autism-mi.org/aboutautism/TeacherTools12-04.html>

OPTIONAL ACTIVITY

Stereotypes of Individuals with Disabilities

Directions: Write down the stereotypes of people with functional or developmental disabilities that you have heard and then consider the following questions.

How many stereotypes are negative?

Why are so many negative?

What impact does it have on the people whom you will work with if you believe these stereotypes?

Does anyone know of a person without a disability who fits one or more of these stereotypes?

Do you think these stereotypes ever affect the work that IP's do? If so, how?

How can IP's overcome these stereotypes?

PRACTICE AND SHARE

Think of a time when you helped to add to the quality of an individual's life. What exactly did you do to add to the quality of an individual's life? How do you know it added to the quality of an individual's life?

SESSION ONE – THE INDIVIDUAL PROVIDER: QUIZ

1. What is the main reason IP's are required to take the *Becoming a Professional Individual Provider* training?

- A) To help the IP improve the quality of life of individuals receiving in-home services.
- B) To give the IP firm control over the lives of individuals with developmental disabilities.
- C) To enable IP's to earn more money for the work they do.
- D) To reduce the responsibility IP's have for caring for individuals with developmental disabilities.

2. Which of the following is a role the IP is expected to play?

- A) Advocate
- B) Parent
- C) Boss
- D) Disciplinarian

3. Which of the following is an example of "People First" Language?

- A) Victim
- B) Handicapped
- C) Individual with a developmental disability
- D) Mentally retarded person

4. Which of the following is true about developmental disabilities?

- A) Developmental disabilities always begins before someone is born.
- B) Individuals usually outgrow developmental disabilities by the time they retire.
- C) Individuals with developmental disabilities are capable of learning and growing.
- D) Most individuals with severe to profound developmental disabilities need very little assistance in their daily lives.

5. Wanda has difficulty walking and speaking clearly. Sometimes she jerks her head to the side and moves her arms around even though she does not intend to make these movements. Based upon this description, which one of the following disabilities is Wanda most likely to have?

- A) Mental retardation
- B) Cerebral Palsy
- C) Autism
- D) Epilepsy

Read this story and then answer questions 7 through 10.

Mary noticed that Marissa was rubbing her knee. She asked Marissa why she was doing that. Marissa answered that she had tripped on a crack in the sidewalk, fallen, and hurt her knee. Marissa asked her to show her what her knee looked like. There was a very large bruise and swelling. Mary called the doctor to make an appointment for that day and tried to make Marissa comfortable until the appointment. Later, Mary wrote about what happened in her log so that she could inform the family and case manager.

7. When Mary noticed that Marissa was rubbing her knee, she was using _____ from the IP Toolbox.

- A) Documentation
- B) Ethics
- C) Decision making
- D) Observation

8. When Mary asked Marissa why she was rubbing her knee, she was using _____ from the IP Toolbox.

- A) Ethics
- B) Communication
- C) Observation
- D) Decision making

9. When Mary looked at Marissa's knee and called the doctor, she was using _____ from the IP Toolbox.

- A) Observation
- B) Communication
- C) Documentation
- D) Decision making

10. When Mary made a doctor's appointment for the same day and tried to make Marissa comfortable before the appointment, she was using _____ from the IP Toolbox.

- A) Communication
 - B) Observation
 - C) Ethics
 - D) Documentation
-

Quality of Life

OUTCOMES

When you finish this session, you will be able to:

- Identify ways to support quality of life.
- Identify individual routines.
- Identify opportunities for individuals to develop friendships.
- Identify ways to support meaningful participation in social, recreational, educational and vocational activities.
- Identify ways to support the inclusion of individuals in their community.

KEYWORDS

Friend: A person that you like to be with and who likes to be with you, with whom you have fun; someone who supports you and offers a sympathetic ear when you have problems that you want to talk about.

Inclusion: Being a valued full participant in the community both giving and benefiting from community life.

Individual Routines: Things that people do every day, or every week, month, and year. Everyone's routine is different, depending upon his or her needs and preferences.

Intimacy: Relationships that are very close and familiar and that may involve consensual sex.

Leisure: Free time for relaxation, fun, and recreation.

Life Quality: Characteristics of a person's life that include those things that the person feels are most important, like good friends, good health, and a safe and comfortable place to live.

Life Stages: A portion of a person's life related to age and having certain "milestones" that are common events, such as starting school in early childhood or retiring when one reaches older age.

Natural Support: Services and supports, freely available, from family members, friends, co-workers, and associations of one kind or another; for example, churches, clubs, and community service organizations.

Social Skills: The skills it takes to develop and maintain friendships such as listening to another person, communicating well, or doing thoughtful deeds.

Transition: The process of moving from one important life stage to another.

Life Quality

In this training, you have learned that having choices, the best possible health, being safe, and learning new skills all contribute to having a good quality of life. As an IP you have learned ways to provide support to individuals in many areas that will increase their **quality of life**. But there are still some very important concepts we haven't discussed yet.

These are events that to some, seem to make life worth living. What are these things? They are your routines, friends, and how you have fun!

Individual Routines

The IP needs to consider the role that individual routines play in each person's life and ensure that preferred routines are respected and supported. Most of us don't think about our daily routines, but they help us get through the day.

We all have routines for each day, the week, month and year that are a part of our lives. Our individual routines begin each morning. We all have a pattern of activities that we are used to and that are familiar to us. For example, we wake up

to an alarm clock, doze for an extra 10 minutes, get out of bed, and take a shower. We all have favorite things that we do that are very important to us.

Many people say that they simply have to have a cup of coffee in the morning to "get started" and would be very upset if they didn't get it. It might be a favorite activity, food, something you like to wear, someone you like to be with, and so on. If you had to live without these things, it would decrease the quality of your life. The same is true for the people you support. It is your job to learn each individual's routines and support them.

In addition, everyone has "comfort" routines that help them get through life's rough spots. When you have a bad day at work, you might need to go home and lay down. Others might need to take a walk or talk with someone. Most of us are familiar with the urge to eat ice cream or have a cup of hot chocolate when we are feeling down. These are also important routines that help us feel good about ourselves and have a quality life.

ACTIVITY

Daily Routines

Write down, in as much detail as possible, everything you do from the minute you wake up in the morning until you arrive at work, school, or your first activity outside the home. Be very specific. You will be sharing this list; so don't include things that might embarrass you.

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____
-

Dignity and Respect During Daily Routines

Your role as an IP is a crucial one because your assistance ensures your employer has the opportunity to participate fully in their own community. In many ways, your work directly affects the health, safety and well-being of your employer. While working as an IP, you will learn more about your employer's private life than you would in most other types of jobs. You may even lose a sense of what is considered "work" and what is considered an individual's "personal life." It is important you remember that even though you will develop a very close relationship with your employer, you are still doing a job.

The work you will do is very personal in nature and will require a high degree of respect and professionalism. Below are common tasks or issues IPs need to exercise caution:

Tasks with a high degree of INTIMACY

- | | |
|---------------------------|--------------------|
| ▪ Dressing and undressing | ▪ Personal hygiene |
| ▪ Toileting | ▪ Bathing |
| ▪ Bladder and bowel care | ▪ Self-medication |

Issues requiring a high degree of PRIVACY

- | | |
|--|--|
| ▪ Knowledge of physical, emotional or behavioral condition (s) | ▪ Knowledge of prescriptions used or currently using |
| ▪ Knowledge of Medicaid services or benefits received | ▪ Knowledge of health care visits, treatment, therapy, billing |

Tasks requiring CAUTION

- | | |
|------------------------------------|------------------------------------|
| ▪ Body care (exercises, skin care) | ▪ Eating |
| ▪ Positioning | ▪ Walking from one area to another |
| ▪ Shopping for or preparing meals | ▪ Shopping for health care needs |
| ▪ Transfer | |

ACTIVITY

Directions: Students will break into three separate groups. Each group will review the tasks or issues in one of the groups above (intimacy, privacy, caution). Each group will come up with one way per task or issue to ensure their employer's dignity, respect and safety. Each group will share their ideas with the rest of the class.

ASSIGNED TASK/ISSUE GROUP:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Why Friends Are Important

Everyone needs friends that they can talk to and with whom they can spend time and have fun. Having friends makes us happy and gives us a good feeling about our place in the world. Without friends, we would feel lonely, sad, depressed, maybe angry, and would most likely be bored. Friendships have an energy that can't be otherwise created. Friends accept us as we are. Friends don't care what's in a person's Individual Service Plan (ISP). They like the person "just because."

**Real friends
don't come with
"FRAGILE" stickers
and are not easily
scared off,
turned off,
or ticked off.**

**Real friends
help you out
whenever they can,
make time for you
even when they
don't have any,
and trust your friendship
enough to say "No".**

Many of the people in the lives of the individuals you support are paid to be there. While friendships between employers and employees may arise and may be very meaningful friendships, the fact remains that you and others are paid to be with the individual. If the individuals you support have no one else in their life, you are that individual's family, friend, and their total source of all those things that are part of a friendship. This is a big responsibility. If individuals have other friends in their lives, they benefit and you benefit.

Most of us have a significant other in our life, be that a husband, wife, partner, parent, sister, or other relative. These are the people with whom you have the most intimate relationships. If any of these people were not in your life, it would be very different. Most of us have at least one person, and sometimes more, with whom we are this close. This is true for your employer as well.

You have people in your life that are good friends and people you spend time with. When asked to list friends, most people without a disability list five or more people. Individuals you support often list no one or only paid staff.

You also have people who are acquaintances, people you see at work, you take classes with, you go to church with. Again, when asked to list acquaintances, people without disabilities usually name 5 to 10 people, while your employer may name no one.

Finally we have people that know you because they perform a service for you, such as a doctor, a dentist, a hairdresser, or manicurist. In this situation, the reverse is true. Most people typically list 5 to 10 people, while your employer may list 10 or more names.

Having friends is critical to everyone's quality of life. Having a balance between the number of people who are paid to be in a person's life and the number of people who are friends "just because" adds to that quality of life.

ACTIVITY

Recognizing Different Kinds of Friendships

Directions: Using the attached "Circle of Friends" Activity Sheet, fill out the circles according to the descriptions below.

Center Circle

Directions: Write the initials or first names of people in your life with whom you are closest. These names might include a husband, wife, partner, parent, sister, or other relative. These are the people you have the most intimate relationships with. If any of these people were not in your life, your entire life would be different.

Third circle

Directions: Write the names or initials of acquaintances. That could include people you work with, people you take classes with, people on your bowling team, or people in your bicycle club. These are people you see regularly. If any of these people moved, you'd probably still send holiday cards.

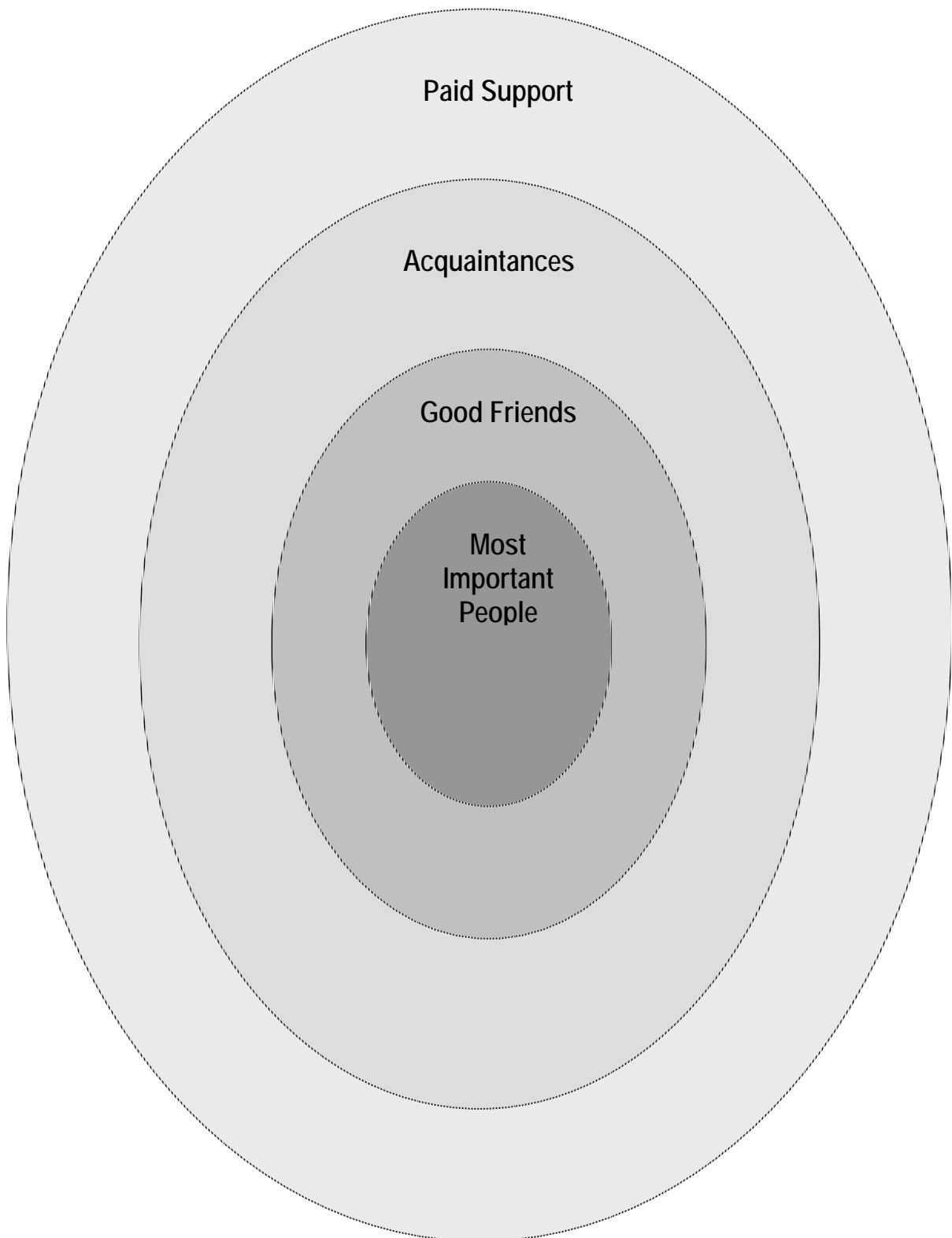
Second circle

Directions: Write down the names or initials of people you call friends. These are people who would remain in your life if they moved. You would still be in touch.

Fourth circle

Directions: Write the names or initials of people who know you well, but when you get together you have to pay. That could include your doctor, a dentist, a psychologist or social worker, a manicurist, a hair stylist, or a barber.

Circle of Friends



Friendship

How to Make Friends

There is no program for starting a friendship. There are no data to maintain. But part of your job is to support individuals to make and have friends. Friendships typically grow out of shared activities and interests. This is true for all of us, whether we have a disability or not.

In order to make friends, it is critical to be a friend. Sometimes the individuals you support lack the social skills to be a friend. IPs can support individuals in learning those skills.

Being a good friend includes:

- Being available
- Sharing of yourself
- Listening and showing interest
- Being kind and understanding
- Respecting the rights of others
- Being able to set appropriate boundaries

It is not always easy for any of us to make friends. Making friends and keeping them takes work. People often feel uncertain and fearful that others may not want to be their friend. You and other members of the individual's planning team can help by sitting down with the individual and talking to them about their strengths and the positive things they would bring to a friendship. What are their interests? Do they have a good sense of humor? Do they laugh at other people's jokes? What things do they have to share? The more severely disabled an individual is, the more challenging the task. The planning team can be particularly helpful.

Once the individual has identified an interest, the IP can assist the individual with the important next steps. For example, the individual expresses an interest in gardening. Are there gardening clubs? Does the local Agricultural Extension Office provide classes or volunteer opportunities? Does the local nursery have "How To Garden" classes? Is there a neighbor who is an avid gardener?

Next, you can assist the individual to attend the activity. You may need to provide or arrange for transportation to the event. In addition, the individual may need support to attend the activity, especially for the first few times. You can provide encouragement, support, and assist the individual to learn social skills in this real-life situation.

Some of you might be concerned that people will make fun of the individual or take advantage of him or her, or that the individual may be rejected because of his or her unusual behavior. It is good to be aware of these concerns, but to not let them stop you from helping the individual to make friends. Many IPs find that once the individual finds an activity that he or she can share with others, that activity becomes the basis for the friendship.

And, people don't necessarily need to be especially talented to share activities together. For example, throwing a Super Bowl party takes a television, couch and chairs, chips, dip, drinks, and people who share an interest in football! You don't have to play football to enjoy watching it. The talent is on the screen, yet there is a chance for people to talk to one another and share their interest in the game.

Friendship

Being with other people at school, work and in the neighborhood is often the best way for individuals to form friendships. When individuals are given opportunities to be with others of their own age, it opens the door to the formation of friendships that often last through life.

People are willing to include an individual with a disability if they are encouraged and supported to do so.

Often it can help to plan special events or outings to help individuals to get to know each other.

People deserve to have the chance to get to know individuals regardless of the severity of their disability. This is not easy work to do. As we all know from our own lives, developing friendships does not typically happen quickly, but rather is usually the result of a lot of effort over time.

ACTIVITY

Developing Friendships

Directions: Read "Peter's Story" about developing friendships. Pair up with another person and make a list of things the IP did to support Peter in developing friendships. When finished, share your results with the rest of the class.

Peter's Story

Peter lives at home and goes to church each Sunday. The church choir director noticed that Peter had a wonderful voice and wanted to include him in the choir. The IP who supported Peter was very concerned about Peter being away from her and being with people who didn't know him well. He had occasional behavior outbursts that she didn't feel she could explain. The IP talked to Peter to clarify his interest and he told her that he really wanted to sing in the choir. It was his chance to do something he enjoyed and that would make him very happy. For the first four rehearsals, the IP took Peter to and from the church. Peter wanted her to stay until he felt more comfortable. She stayed for the first couple of rehearsals. On the night of Peter's fifth rehearsal, one of the choir members commented that she drove right near the home on her way to church. She wondered if she could pick Peter up for practice and return him home. That worked for the next five rehearsals. At the 10th rehearsal, another choir member said that many of the choir members go out for coffee after rehearsal. They wondered if Peter could join them for coffee. Now he is one of the "Choir to Coffee" bunch.

OPTIONAL ACTIVITY

Developing Friendships: A Tool for Beginning

Directions: Divide into pairs. Take turns asking the questions below and writing down the answers. Share your results with the class.

- What are your strengths?
- Interests? *(You may pick the most important interest and answer the rest of the questions)*
- Where are there people with similar interests?
- When do they get together?
- What support do you need to participate with them?
- Who else can help?
- My first step is...

NOTE: This tool is designed to help individuals and the IPs who support them to create opportunities for individuals to make friends. IPs are encouraged to use this tool to begin conversations with their employers.

Friendship

Intimate Relationships

Friendships can and do grow into intimate relationships. The need for closeness and physical intimacy continues unchanged into very old age. Most people have very strong personal beliefs about intimacy. These beliefs originate from religious, cultural, familial, and/or other experiences. Your job as an IP is not to change the beliefs of others to yours.

Many people feel uncomfortable talking about relationships and intimacy. If so, you are encouraged to look for resources so that you can learn more and feel comfortable and confident talking with individuals about these close relationships. This is another area where the family or case manager should be involved to provide assistance if needed in supporting the individual in their personal choices.

Participating in Leisure and Recreational Activities—Making Friends and Having Fun

Leisure is time free from work and other responsibilities when you can have fun and enjoy the company of friends. Leisure and recreational activities help people to relax, reduce stress, improve health and fitness, learn new skills, and have an outlet for creativity and, most importantly, fun. A good indicator of people having fun is laughter. People relax and get to know each other better when they are laughing together.

We all need time to just relax and “unwind” at home, but if this is all we

do, we are missing out on many opportunities to enrich our lives in ways that make us happier and healthier. The same is true for people you support. Part of your job is to help individuals get out into the community and participate in leisure and recreational activities that will add to the quality of their life.

IPs may be authorized to do the following tasks:

- Ambulation and transfers
- Lifting and positioning
- Meal preparation and assistance with eating
- Help with personal care and toileting
- Necessary supervision
- Housekeeping and laundry
- Essential shopping and transportation
- Minor home repair and modification
- Wood supply in some cases
- Respite care

The *skills* taught in this course are not included in this list of *tasks*. As a professional individual provider, you could be developing communication or using some of the methods described in this course to improve quality of life while you are performing your official duties.

For instance, you could learn about your employer’s likes and dislikes during everyday conversation, while preparing a meal, or, folding laundry—this means that while you are developing communication skills, you are also working towards improving life quality for your employer.

We believe that the *skills* taught here are what makes you stand out from your colleagues—by practicing these skills, you are a *professional* individual provider.

Scenario: Leisure Time

Featuring



Lisa

A 30 year-old woman



Michelle

Lisa's individual provider



Kate

Lisa's individual provider

Lisa and a friend are sitting on the couch watching television. They appear restless.

FIRST SCENARIO – First Individual Provider

Lisa: "Can I change the channel?"

Michelle: "No, we watch this every Thursday night. Let's go ahead and watch this."

Lisa: "Well, can I go outside and watch the kids play ball?"

Michelle: "No, let's just sit here and watch television."

Lisa: "Can I rent a video?"

Michelle: "You don't have much money and I don't want to take my car out, so let's just watch television."

Lisa: "Well, what can I do then?"

END OF FIRST SCENARIO

SECOND SCENARIO – Second Individual Provider

Lisa and a friend are sitting on the couch watching television. They appear restless.

Lisa: "Can I change the channel?"

Kate: "Sure—we can see what else is on." (asking Lisa's friend) "Do you want the channel changed?" (Lisa's friend says No.)

Kate: "Lisa, if you want to watch something different than your friend, you might want to watch the tv in your room, but you don't want to leave your guest alone, right?"

Lisa: “Can we rent a video?”

Kate: “Sure...do you have any money left over from shopping today?”

Lisa: “I’ll go check. (Lisa comes back into the room) No, I’m broke.”

Kate: “Oh, that’s too bad. What movie did you want to rent?”

Lisa: “Princess Diaries 2.”

Kate: “That sounds like a good movie. Did you still want to watch the kids play ball outside?”

Lisa and her friend nod their heads “yes” and go outside.

1. How do the two individual providers behave differently?
2. How does it affect Lisa’s quality of life?
3. What are the ethical issues?

Additional discussion questions:

- What kind of environment do you think each IP helped create?
- What may be the causes of the first IP’s behavior?
- What could prevent or reduce the likelihood the behavior will happen again?

A Word About Taking Risks

Risk or danger is often used as a reason to limit opportunities for participation, both at home and in the community, for individuals with disabilities. There is some risk to almost everything you do. Babies fall down. Children get into arguments. Teenagers wreck cars. People are fired from jobs. Sometimes people take the wrong bus.

When supporting someone toward greater participation in the community, IPs need to be aware of and be prepared for risks common to everyone and risks that are unique to an individual's circumstances.

You can mitigate or reduce risk by discussing the potential risk with the individual, getting the help of the individual's care team to assess the risk, and develop a plan that will ensure maximum protection and safety for the individual. Learning and growing is critical to life quality. You need to find ways to support individuals to participate in their communities and at the same time, to the maximum extent possible, ensure their personal safety.

The steps for you to follow when developing leisure and recreation opportunities for individuals are similar to those for making friends:

- Talking to the individual and identifying their strengths and interests.
- Providing information about community activities and organizations.
- Arranging for and encouraging participation in leisure and recreational activities.
- Connecting people with common interests with each other or with groups who share their interest.
- Accompanying someone to an activity or arranging transportation when needed.
- Assisting and encouraging the development of natural supports.
- Mitigating risk.

Balancing Your Employer's Rights of Choice and Safety

If your employer's choice places their safety or well-being at risk or could somehow cause harm to others, use the following guidelines:

- Explain to your employer why you are concerned. Offer alternatives that would come close to meeting what your employer wants, yet allows the choice to remain theirs.
- Discuss your concerns with the appropriate person on the care team (i.e., case manager, family member).
- Document your concerns and what you did.

SOURCE: Adapted from Department of Social and Health Services *Revised Fundamentals of Caregiving Learner's Guide*, First Edition, January 2003

ACTIVITY

My Own Leisure/Recreation Style

Directions: Fill out the Activity Checklist below. Then, divide into pairs and share your results.

I prefer activities where I am:

Alone

With a couple of friends

In a big group

When I have free time, I: (circle as many as you wish)

Watch TV

Go to the health club

Read a book

Work on a hobby

Go out to dinner

Travel

Go on a walk

Listen to music

Take a class

Make something

Hang out with friends

Camp

Take a nap

Play on a team

Go shopping

Hike

Go to a concert

Play

Think

Watch sports

Play with pets

other

other

other

other

other

other

Knowing the Community

In order to support people to participate in leisure and recreational activities outside the home, it is necessary for you to get to know their community. The following are a few suggestions of things to do that will help you get started:

- Identify the local newspaper and know the sections of the paper that contain information about recreation opportunities and special events.
- Locate places where people in the community often get together.
- Identify and locate senior centers.
- Know about the community's transportation, including bus schedules and any special transportation like "Dial-a-Lift."
- Find out about opportunities for classes and activities through Parks and Recreation, the local community college, and Adult Education through four-year colleges.
- Contact people for groups such as Boy Scouts, Girl Scouts, the Boys & Girls Club, the YW/YMCAs, Special Olympics, and People First.

It is helpful to keep a calendar of activities and events so that you can talk with individuals about and plan for their participation. As we have said many times in this training, you need to know the likes and dislikes, or interests, of each individual you support to do a good job of "connecting" them with community leisure and recreational opportunities.

You will find that most people in community groups will be welcoming once they understand that the individual you support has a genuine desire to be a part of the group and that you will be available to help, if needed. Once again, learning about an individual's strengths, knowing and appreciating them, and finding out what their interests are is the first step in deciding what activities to "connect" them to. An individual's quality of life is increased when he or she is able to participate in social, recreational, educational, and vocational activities that are meaningful to them.

Scenario: Inclusion

Featuring



Jarred

A 23 year-old man



Mike

Jarred's individual
provider



Lois

Health club manager

Jason and Mike are in Lois' office at the health club. It has been several weeks since Jarred was allowed to come back to the gym.

Mike: "We've been coming to the gym about two weeks and Jarred's having a really good time and we wanted to see how he was doing."

Lois: "Okay, I guess. Lucky for you so far..."

Mike: "Like I said, Jarred has really enjoyed himself and we were hoping he could join your league team."

Lois: "Jarred join one of our teams? I doubt that! He can keep practicing, though."

Mike: "Well, we will. Thank you very much, and have a good day."

Mike and Jarred turn to leave

1. How could Mike advocate for Jarred?
2. How would inclusion improve Jarred's quality of life?
3. How does Jason feel?

Additional Discussion Questions (if there are students in class who are already an IP):

- What kinds of barriers have you encountered while supporting individuals in participating in community activities?
 - What have you done to overcome them?
-

Natural Support

Natural support is assistance provided by a family member, friend, co-worker, or other person involved in some way in the individual's life. We have all benefited at some time in our life from the informal support of another person; for example, your mom took you to school on the first day and stayed with you until you felt comfortable. Your best friend stood by you when you got a divorce. Your neighbor brought you food when you were sick.

Natural supports are experienced by all of us, but may be less so by individuals who are receiving Medicaid services because they typically have fewer friends and acquaintances. So assisting individuals to make friends and to maintain close family ties ensures that they benefit from natural supports in the same way we all do. Maintaining natural supports often takes extra effort on your part. You should be available to answer questions, provide information or training, and offer plenty of encouragement.

A family member or friend can assist the individual to participate in leisure and recreation activities, help them make friends, help problem solve if there are barriers, and just help them to feel good and have fun. Natural supports may develop with or without an IP's assistance, but often they require a jump start from the IP. Although the most common natural support is the family, sometimes family isn't available. Parents may be too ill to be supportive or, in some cases, there may be no family at all.

The IP must be sensitive to the individual's needs and preferences. Sometimes natural support is not appropriate for the person. For instance, an adult with personal care needs may prefer or need a paid staff to help with toileting instead of a friend or family member. Individuals may need support connecting on the job. Coworkers can contribute a great deal to the quality of an individual's work life and that they will develop relationships that extend to life after work (such as bowling leagues and parties).

Inclusion

Every society adopts a vision of a good world, of how things should be. Our vision grows out of a deep belief that all people are created equal. This does not mean that people are alike in their abilities, talents, or intelligence. In fact, we all know that every person is a unique individual. Our society, instead believes that the differences among us do not entitle any group of people with a more legitimate claim to the benefits of society than any other group. So, while we are certainly not all equal in our abilities, talent, or intelligence, we still insist in our vision that we are all absolutely equal in the opportunities open for us to share in society's benefits. The benefits of society assure each individual a chance to have the best quality life possible. What does this mean for individuals with disabilities? It means individuals with disabilities enjoy rights that cannot be taken away, or even given away: rights to belong as full members of the community, with rights to participate in all aspects of life, private and public, to the limits of their abilities and interests. It means also a right, even a responsibility, to contribute to the community, to give back something so that the quality of others' lives also have a chance to be the best that is possible. When all individuals, with and without disabilities, are gathered together and are fully included in this vision of how things ought to be, we will have taken a giant step toward a better life, and a better world, for everyone. **You as an IP have a unique opportunity to make this vision a reality.**

ACTIVITY

A Good Match!

Directions: Divide into small groups of 3-4 people (or pairs) and read the following five scenarios. Identify the natural supports in each scenario and underline them. If the person in the scenario has no natural support, write a suggestion for how to help develop them.

Susan is a young woman in her mid-20s. She has many important strengths or gifts. She loves being around people and is usually happy and outgoing. She smiles often and people respond to her quickly. She works part time for a computer chip company putting together very small pieces of equipment with tweezers. She is able to understand simple directions. At work, she uses a picture book to remind her of how to do the different steps in her job. She has difficulty speaking and uses a wheelchair for long distances. She likes music and pictures in magazines. She also likes to be well-groomed and have her clothes match. Her mother is very supportive and visits Susan once a week in the home.

Don is 18 and he is an energetic young man! He likes to roughhouse with his friends, wrestling around on the floor with them. However, he is pretty timid around strangers. Don has a hard time staying with any activity for long and he requires a 1:1 aide at work to help him stay focused. He can read a little and always chooses magazines about sports. He is very coordinated and can run quite fast. However, his family is concerned because Don will run away from them when they are out walking and has run into the street a few times without looking.

Sam is in his early 50s. He stays in his room a lot and refuses to go into the living room when the TV is on. Loud noises of any kind bother him. Sam enjoys soft music. He likes to spend time outdoors where it is quiet. He often will pick flowers from the yard and put them in a vase for the dining room table. Sam likes everything to be organized and in its place. Having something moved or being prevented from following his daily routine can result in Sam becoming very angry and upset. When this happens he sometimes hits himself. Sam likes to go out for coffee when there aren't many people in the coffee shop.

Diego is in his mid-70s. He has difficulty expressing himself due to a stroke, but he has a great smile. People say his smile "lights up the room!" When he really likes something, he smiles and waves in delight. When he doesn't like something, he pounds his fists. He eats without assistance, and he likes to walk. He likes going places in the car, especially to Dairy Queen. He goes to an adult day activity program, where he pounds his fists a lot more than he smiles. He doesn't have a lot to do and he sits alone for long periods of time. On at least one occasion he got so upset that he knocked over a worktable. On the days when he is home, he is always happy and smiling. He loves hitting his hand on the table in time to music.

Sherril is 27. She has cerebral palsy and uses a motorized wheelchair to get around. She is able to move her right hand and arm well enough to use an adapted computer to communicate. She eats with a lot of assistance. She goes to a community college, where she has attendant support in her classes. She intends to transfer to a four-year college program when she graduates. She hopes to be able to learn to get more experience with adapted computer equipment so she can get a good job when she graduates from college. Sherril is quite shy. She feels most comfortable with just one other person or in a small group.

OPTIONAL ACTIVITY

A Good Match! WORKSHEET

Directions: Draw a line between each name on the right and at least two activities that seem like a good match based on the information you just read about each individual.

1. Taking a class about getting college scholarships

Susan

2. Taking a drumming class

3. Fishing with one other person

Don

4. Joining a soccer team

5. Learning to make ceramics

Sam

6. Going on a garden walk with the garden club

7. Joining the Cub Scouts

8. Learning to play bridge

Diego

9. Taking a class in watercolor painting

10. Going to a rock concert

11. Joining the computer club

Sherril

12. Taking a class to learn to swim

Transitions

Life Quality

Transitions from one life stage to another naturally occur throughout life. Changes related to each of these life stages are stressful for all people and may be more so for people you support.

Through each transition, you will be working with the individual and his or her team in developing ways to improve life quality by taking into consideration individual choice, interests, abilities, and needs.

Although the way each person moves through the stages of life is different, these stages can be defined in general terms. Some of these stages are easily defined by age (for example, infancy, childhood, adolescence), while others are defined by important events (for example, the first day of school, graduation from school, moving away from home, getting married, or having children). Individuals pass from childhood to adolescence to adulthood, and finally, into older age and retirement. **You have an important role to play in providing individuals support during periods of transition.** That is, to ensure that individuals maintain and/or improve their quality of life.

An individual may require different kinds of support during different life stages. **The one thing that is common to all life stages is the individual's need for meaningful, supportive relationships, family, friends, and you the IP.**

Adulthood

You have a challenge and a great opportunity for supporting a person through his or her adult years. Remember, a quality life is the same for all of us and includes: having opportunities for choice; developing relationships; being a member of the community; having fun; advocating for one's rights; being treated with dignity and respect; being safe and healthy; and being satisfied with one's life in general.

You can provide invaluable support during this time of transition by talking to the person about what they want to do; helping the person to explore his or her interests or abilities by finding out about possible job or learning opportunities in the community; and supporting the individual to communicate his or her wants and needs to the planning team and family members.

Considerations for Supporting Adults

- Present choice-making opportunities.
- Provide information to make decisions.
- Advocate for rights.
- Treat with dignity and respect.
- Create opportunities for community involvement.
- Create opportunities to make friends and develop relationships.

Older Age

It may be you who notices that a person is “slowing down” or doesn’t seem to go to activities with the same enthusiasm. It may be you who realizes a person’s hearing or eyesight is getting worse. You must be prepared to bring these issues up with the individual and the team and to help plan for and support people through retirement and older age.

Some individuals with disabilities, although certainly not all, may age prematurely. Such changes may affect an individual’s vision, hearing, taste, touch, smell, physical appearance, and musculoskeletal (muscle and bone) system. The challenges of aging and retiring are common to us all—having enough money to pay for basic necessities, having a comfortable place to live, staying as physically fit and active as possible, continuing to have meaningful leisure activities, and having opportunities to have friends and be connected to the community.

Grief and Loss

The grief process is a natural and normal reaction to loss that may occur at any time in an individual’s life. Individuals you support will also experience grief and loss. This can occur during a life transition like when a family member or friend dies, when a favorite roommate or an IP leaves the home, or even when a pet dies.

Because grief can be so painful and sometimes overwhelming, it can cause people to feel frightened and confused, and can result in reactions that can be alarming. Many people worry that they are acting in the “wrong way” and wonder if there is a “right” way to grieve. There is no “right” way to grieve.

Many different expressions of grief are considered normal.

If the individual can’t talk, it may take a support person to realize that what is happening is due to grief. You can help by recognizing that the individual is experiencing grief and by helping the individual work through the grieving process by talking, encouraging counseling for the individual, or helping them remember the object of grief in a unique way; for example, making a tape of favorite music of the person who died.

Loss and Action

What are at least two things you would do to help the following individuals experiencing grief?

Diego

Diego is a man in his mid-30s. He lived with his mother until he was 30. She went into a nursing home about five years ago and he visited her once a month. However, about three months ago she died. He went to the funeral, saw her in the casket and then saw the casket being buried. He understands she has died. He is still very unhappy though, and wants to spend hours everyday talking about her. People he works with are getting tired of this and almost no one wants to discuss it any longer. As an IP, what could you do to support Diego?

Irene

Irene is 70 and has lived in the same home for several years. For the past 25 years, her roommate has been a woman named Alice. Alice is still alive, but her medical care needs have become so difficult that she has to leave the home. How will you support Irene to cope with the move of this friend?

John

John is 25 and has autism. He doesn’t speak much and only seems to like a few people. One of them is Paul, a quiet IP who has supported John for the past three years. Paul is moving away and will be leaving his job in two weeks. What can you do to prepare John for Paul’s move?

SESSION 2 – QUALITY OF LIFE: QUIZ

1. One way the IP can help an individual enjoy a good quality of life is by:

- A) Making sure they work only at jobs that pay good wages.
- B) Supporting the individual in the routines of daily living that give them feelings of comfort.
- C) Encouraging them to spend lots of private time away from others in the home.
- D) Starting off the morning with a hot cup of coffee and a donut.

2. A good example of a routine activity that the IP should honor and respect because it makes individuals more comfortable in their daily lives is:

- A) Setting small fires in the bedrooms of the home.
- B) Refusing to take medications when they are offered.
- C) Paying other people to be their friends.
- D) Taking a shower in the evening instead of the morning.

3. One effective way of helping individuals become friends with other people is to:

- A) Place an advertisement in the personal columns of the local newspaper.
- B) Offer to pay someone to be a friend of the individual.
- C) Encourage the individual to take part in activities they like outside the home.
- D) Insist that the individual join the choir at church.

4. Friendships are important because when individuals have good friends:

- A) Their health and sense of wellbeing often improves.
- B) The IP's job is made easier and less stressful.
- C) Individuals feel they have more power and control in their lives.
- D) All of the above.

5. Leisure and recreational activities are:

- A) Good ways for individuals to learn new skills.
- B) Important because they provide opportunities for earning small amounts of extra money.
- C) Not as important to an individual's quality of life as once was thought.
- D) None of the above.

6. One way the IP can help an individual enjoy leisure and recreational activities is by:

- A) Learning about the community's public transportation system.
 - B) Helping them find a decent paying job in the community.
 - C) Making sure the individual is away from the home during daylight hours.
 - D) Having the individual get involved in the recreational activities that the IP likes to do.
-

7. The IP can help the individual pick out social or recreational activities to try out by:

- A) Appreciating the “gifts” and abilities of the individual rather than focusing on the individual’s limitations.
- B) Making a list of the individual’s limitations, so as to avoid activities that would be too difficult to do.
- C) Offering to try out the activities first, and then tell the individual about whether they are suitable.
- D) Making sure the individual takes their daily shower when they want to.

8. Support from family members for an individual is similar to support from an unpaid friend because both are examples of:

- A) Natural supports.
- B) Generic supports.
- C) Peer supports.
- D) Developmental supports.

9. When assisting an individual to take advantage of opportunities to do things out in the community, the IP should try to:

- A) Avoid any activity that can be broken down into small steps.
- B) Eliminate all risk of harm and danger in the community.
- C) Respect and honor the individual’s right to put himself or herself in danger, if that is what they really want to do.
- D) Reduce the risk of harm by breaking down the activity into small steps.

10. An example of what is meant by a “community connector” is:

- A) An IP who knows about recreational opportunities in the local community.
 - B) The public transportation system in the community.
 - C) Members of the third ring of the circle of support.
 - D) An IP who respects and supports the individual in their important daily comfort routines.
-

Appendix A

National Alliance of Direct Support Professionals*

CODE OF ETHICS

Advocacy

As an IP, I will advocate with the people I support for justice, inclusion, and full community participation.

Interpretive Statements

As an IP, I will –

- Support individuals to speak for themselves in all matters where my assistance is needed.
- Represent the best interests of people who cannot speak for themselves by finding alternative ways of understanding their needs, including gathering information from others who represent their best interests.
- Advocate for laws, policies, and supports that promote justice and inclusion for people with disabilities and other groups that have been disempowered.
- Promote human, legal, and civil rights of all people and assist others to understand these rights.
- Recognize that those who victimize people with disabilities either criminally or civilly must be held accountable for their actions.
- Find additional advocacy services when those that I provide are not sufficient.
- Consult with people I trust when I am unsure of the appropriate course of action in my advocacy efforts.

Person-Centered Supports

As an IP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

Interpretive Statements

As an IP, I will –

- Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary guide for the selection, structure, and use of supports for that individual.
- Commit to person-centered supports as best practice.
- Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs, or gifts are neglected for other reasons.
- Honor the personality, preferences, culture, and gifts of people who cannot speak by seeking other ways of understanding them.
- Focus first on the person and understand that my role in direct support requires flexibility, creativity, and commitment.

* In Washington, Direct Support Professionals are called *individual providers* (IP). Some employers may prefer other terms, such as: *employee, personal assistant, or aide*. Be sure to check with your employer about which term is appropriate to use.

Promoting Physical and Emotional Well-Being

As an IP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

Interpretive Statements

As an IP, I will –

- Develop a relationship with the people I support that is respectful and based on mutual trust and that maintains professional boundaries.
- Assist the individuals I support to understand their options and the possible consequences of these options as they relate to their physical health and emotional well-being.
- Promote and protect the health, safety, and emotional well-being of an individual by assisting the person in preventing illness and avoiding unsafe activities. I will work with the individual and his or her support network to identify areas of risk and to create safeguards specific to these concerns.
- Know and respect the values of the people I support and facilitate their expression of choices related to those values.
- Challenge others, including support team members (for example, doctors, nurses, therapists, co-workers, or family members) to recognize and support the rights of individuals to make informed decisions even when these decisions involve personal risk.

- Be vigilant in identifying, discussing with others, and reporting any situation in which the individuals I support are at risk of abuse, neglect, exploitation, or harm.
- Consistently address challenging behaviors proactively, respectfully, and by avoiding the use of aversive or deprivation intervention techniques. If these techniques are included in an approved support plan I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the person's plan.

Integrity and Responsibility

As an IP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

Interpretive Statements

As an IP, I will –

- Be conscious of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing communication with others.
- Assume responsibility and accountability for my decisions and actions.
- Actively seek advice and guidance on ethical issues from others as needed when making decisions.
- Recognize the importance of modeling valued behaviors to co-workers, persons receiving support, and the community-at-large.
- Practice responsible work habits.

Confidentiality

As an IP, I will safeguard and respect the confidentiality and privacy of the people I support.

Interpretive Statements

As an IP, I will –

- Seek information directly from those I support regarding their wishes in how, when, and with whom privileged information should be shared.
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- Recognize that confidentiality agreements with individuals should be broken if there is imminent harm to others or to the person I support.

Justice, Fairness, and Equity

As an IP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights, and responsibilities of the people I support.

Interpretive Statements

As an IP, I will -

- Help the people I support by using the opportunities and the resources of the community available to everyone.
- Help the individuals I support understand and express their rights and responsibilities.

- Understand the guardianship or other legal representation of individuals I support, and work in partnership with legal representatives to assure that the individual's preferences and interests are honored.
-

Respect

As an IP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.

Interpretive Statements

As an IP, I will –

- Seek to understand the individuals I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Honor the choices and preferences of the people I support.
- Protect the privacy of the people I support.
- Uphold the human rights of the people I support.
- Interact with the people I support in a respectful manner.
- Recognize and respect the cultural context (such as, religion, sexual orientation, ethnicity, socioeconomic class) of the person supported and his or her social network.
- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

Relationships

As an IP, I will assist the people I support to develop and maintain relationships.

Interpretive Statements

As an IP, I will –

- Advocate for the people I support when they do not have access to opportunities and education to facilitate building and maintaining relationships.
- Assure that people have the opportunity to make informed choices in safely expressing their sexuality.
- Recognize the importance of relationships and proactively facilitate relationships between the people I support, their family, and friends.
- Separate my own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people I support based on their personal preferences. If I am unable to separate my own beliefs /preferences in a given situation, I will actively remove myself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals I support.

Self-Determination

As an IP, I will assist the people I support to direct the course of their own lives.

Interpretive Statements

As an IP, I will –

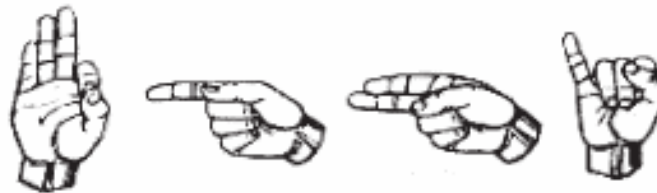
- Work in partnership with others to support individuals leading self-directed lives.
- Honor the individual's right to assume risk in an informed manner.
- Recognize that each individual has potential for lifelong learning and growth.

Appendix B

American Sign Language Manual Alphabet



A B C D E



F G H I



J K L M



N O P Q



R S T U V



W X Y Z

Saying Words with American Sign Language

Excerpted from Vicars American Sign Language Course Introductory Signing Concepts at
www.lifeprint.com/concepts.htm



Home

The sign for "home" is made by touching your fingers and thumb together at the mouth. Then move your hand from your mouth to your right cheek.

Work

The sign for "work" is made by shaping both hands into the letter "s." With your palms facing downward, tap your left wrist or the back of your hand a few times with your right wrist.



School

The sign for "school" is made by clapping your hands. Repeat two or three times.

Store

The sign for "store" is made by bending both wrists and pointing both hands down. Pivot both of your hands toward and away from your body. Repeat a few times.



Hungry

The sign for "hungry" is made by forming your right hand into the letter "c." Move your hand down the middle of your chest, starting under your throat. Note: Some people use the sign for "wish," and prefer to start "hungry" from a slightly lower position.

Thank You

The sign for "thank you" is made by touching your lips with one or both of your hands. Your hand(s) should be flat. Move your hand(s) away from your face, palms upward. Smile. Note: Most people use only one hand for this sign.

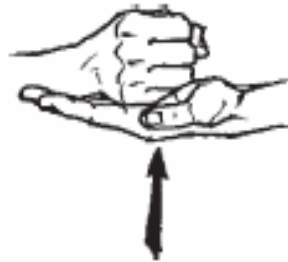


Sad

The sign for "sad" is made by placing both hands in front of your face, palms in. Bring both of your hands down the length of your face. Tilt your head forward slightly, and make a sad face.

Love

The sign for "love" is made by crossing both hands over your heart. Your hands may be closed or open, but the palms should face toward you.



Help

The sign for "help" is made by closing your right hand. Place your right hand on the outstretched palm of your left hand. Raise both hands. Note: Many people make this sign by placing the left "s" or "a" hand on the right "b" palm.

Bathroom

The sign for "bathroom" is made by forming the right hand into the letter "t." With your palm facing away from you, shake your hand in front of your chest.



RESOURCES

Home Care Referral Registry Statewide Number

All HCRRs can be reached toll free at: 1-800-970-5456

Home Care Quality Authority

1-866-580-HCQA

<http://www.hcqa.wa.gov>

Arc of Washington State

1-888-754-8798

<http://www.arcwa.org>

Department of Social and Health Services, Aging and Disability Services Administration

1-800-422-3263

<http://www1.dshs.wa.gov/>

Developmental Disability Council, Washington State

1-800-634-4473

<http://www.ddc.wa.gov/>

National Alliance for Caregiving

<http://www.caregiving.org/>

National Association of Direct Support Professionals

<http://www.nadsp.org/>

National Family Caregiver's Association

1-800-896-3650

<http://www.nfcacares.org/>

Parent to Parent – Washington State

1-800-821-5927

http://www.arcwa.org/parent_to_parent.htm

Senior Services

<http://www.seniorservices.org/>

Communication

OUTCOMES

When you finish this session, you will be able to:

- Identify effective ways to ensure the IP's understanding of individuals.
- Identify ways to modify communication to ensure understanding.
- Identify ways to resolve conflict by using active listening and "I" messages.
- Describe ways to overcome communication barriers to expression.
- Identify ways to support individuals' communication in their daily routines.

KEY WORDS

Active listening: This kind of listening requires that a person hears the words, figures out what they mean, and responds to the words in his or her own words.

Communication: Sharing thoughts, views, and feelings.

Communication boards: Electronic modes of communication that individuals carry with them.

"I" statements: Talking about a conflict from one's own point of view.

Modes of communication: The ways in which language and communication can be expressed.

Nonverbal: Communication that is expressed without words.

Sign language: The mode of communication used in the deaf community. Sign language combines the use of hand shapes, hand and arm movements, facial expressions, gestures, and body language in a structured and conventional manner to express thoughts, views, and feelings.

Opening Scenario

Matthew has cerebral palsy. Because of his developmental disability, Matthew has trouble talking and being understood when speaking words. In his Individual Service Plan (ISP), Matthew has a goal to use a variety of different ways to communicate. Susan, a new IP is very fond of Matthew and has been trying to get him to practice talking more. Lately Susan has stopped using Matthew's picture communication system with him and ignores Matthew when he uses gestures or sign language. Matthew has been trying to ask her for a drink of juice using his picture system. Susan has ignored him, saying to him, "Matthew, you just need to learn to talk." Matthew tries using the sign he knows for drink. Susan again ignores him saying, "I don't understand that stuff. Matthew, you really can try to tell me in words." Matthew is very frustrated and just can't get the words out. He is very thirsty and angry. He falls to the floor and starts screaming and crying.

What does this scenario tell you about the importance of communication?

Communication

Communication is a very important tool in the IP toolbox. Good communication will help the IP reduce confusion and frustration and improve the quality of life for everyone in the home. Good communication skills can reduce IP stress. Good communication skills are a vital component to decision making and problem solving. It is the basis for recognizing the needs of the individual and providing high quality support. Knowing how to communicate with simple, clear statements will lead to

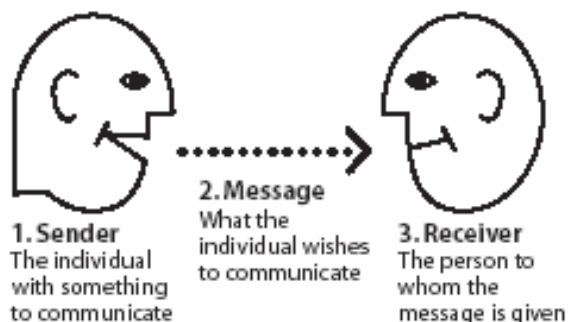
more positive interactions with the individuals you support, their families, coworkers, and community members.

This session will enhance the IP's skills related to:

- Communicating with individuals.
- Facilitating individuals' communication with others.
- Communicating with co-workers and community members.

What is Communication?

Communication is about sharing thoughts, views, feelings, needs and preferences. There are three parts to all communication:



When an individual decides to send a message, the intent is to:

- Express something meaningful to him or her.
- Achieve a purpose.
- Share thoughts, views, and feelings with other people.

Reasons for Communicating

Why do people communicate with each other? People have many different reasons to communicate during the course of each day. One very important reason for communicating is to gain more control of our lives and to participate in our communities. More specifically, people communicate in order to:

▪ Give and get information

For the IP, this could mean giving information to parents or family members about an individual's progress or letting the case manager know about an unusual incident. It could mean asking other IPs their opinion on an activity before deciding what to do. Or you may need to check with the case manager and the family before changing the way in which you approach an Individual Service Plan (ISP) objective. For individuals, this could mean asking about the day's plans, meals, what to wear, or when they want to see their friends. It includes asking questions and offering thoughts, views, or understandings.

▪ Express feelings

Individuals may want you to know when they have had a great day or when they are feeling bad.

▪ Solve problems

You may need to communicate with others to work out problems and to help those people solve their own issues.

▪ Learn new things

Individuals will need to know how to gain skills, such as oral health and hygiene skills, cooking, taking care of their money, or how to make their needs known.

▪ Persuade others

Individuals may want to have others see things their way. This could mean something as simple as choosing clothing different from what was offered.

▪ Make decisions

The IP communicates with many people about how to make decisions that affect individuals they support. Maybe you are trying to figure out how to deal with someone's behavior. There might be communication with family members or the case manager.

▪ Build relationships

The IP communicates with community members, neighbors, and friends and with individuals he or she works with and supports. All relationships happen using some form of communication. Individuals use communication skills to get to know other people; for example, finding out what the other people like to do.

Reasons for Communicating, *continued*

Verbal Communication

Verbal communication is the most common way individuals exchange information. Verbal communication is a complex skill, which requires attending to another person's hearing, thought, and speaking abilities. There are many points at which a breakdown could occur when using verbal communication. Verbal communication can be broken into four parts.

1. **Organizing the message.** This begins with the thought process of what the individual wishes to say.
2. **Sending the message.** The individual transfers the thought into spoken words, which are delivered to another person.
3. **Receiving the message.** The person receiving the message hears the message and attends to it.
4. **Processing the message.** The brain of the person receiving the message decides what the intended message means.

Excerpted from the *Caregiver Manual & Resource Guide for Southwest Florida*, Florida Gulf Coast University, 2002.

Nonverbal Communication

Nonverbal communication is communication that is expressed without words. Sometimes a sender's message gets mixed up, and the receiver doesn't understand it.

At these times, you have to rely on your nonverbal communication. Nonverbal communication is often more effective since there is less chance for breakdown to occur. Generally the receiver needs to attend to the sender and see the

nonverbal communication to understand it. Nonverbal communication can also be used to overcome other barriers to communication, for example difficulty speaking due to cerebral palsy. Following are some examples of nonverbal communication:

▪ **Facial expressions**

You may be able to tell what an individual is feeling by his or her facial expression. For example, usually a smile means the individual is happy, and a frown means that he or she might be sad.

▪ **Gestures**

These are hand, body, and facial movements that have meaning. Examples are putting your hands up as if to say "I don't know," or shaking your head to say "Yes" or "No," or waving to an individual in order to say, "Come closer, please."

▪ **Volume of voice**

You usually know how people feel if they are yelling, or if they talk very softly.

▪ **Physical closeness**

Standing close to people usually means they know each other well. Most people try to stay about an arm's length away from the person to whom they are talking.

Modes of Communication

Now you know that communication can be either verbal or nonverbal. The variety of ways communication can be expressed are called **modes of communication**. Modes are either verbal or nonverbal. Common modes of communication include:

▪ Spoken language

Spoken language is the mode of communication that uses speech in words and sounds that are conventional and structured. Individuals who have survived a stroke may understand spoken language but not have developed speech skills. They may use speech mixed with other forms of communication to make their needs known.

▪ Written language

Written language is not always written in full sentences or spelled correctly. It is meaningful communication when the sender and receiver understand the context of the written language. For example, if an individual is in the grocery store and writes the word “cheese,” she or he may wish to buy cheese. However, if the individual is in the kitchen with the refrigerator door open and writes the word “cheese,” this time it may mean, “Help me find the cheese.”

▪ Sign language

Sign language is the mode of communication used in the deaf community. In the United States, the standard sign language is American Sign Language. It combines the use of hand shapes, hand and arm movements, facial expressions, gestures, and body language in a structured and conventional manner to express thoughts, views, and feelings.

American Sign Language has its own alphabet, words, and syntax. The American Sign Language alphabet can be found in Appendix B.

▪ Sign systems

Sign systems are based on American Sign Language and have been adapted to the needs of individuals who are in schools and whose learning styles limit their use of spoken language. Many individuals who have developmental delays use signs that combine parts of American Sign Language and local, school, or home-based signs. The American Sign Language dictionary listed in Appendix B provides a basic list of words for the IP to use as a reference tool.

▪ Communication books

Communication books are a mode of communication that contain pictures, words, photographs, or symbols. They can be used separately or combined in one book. Individuals who use these books might point to the message they wish to send or use the book in combination with speech or even with signing. Communication books are developed based upon each individual's needs and abilities.

▪ Communication boards

Communication boards are electronic modes of communication that individuals carry with them. Some individuals use a board that has letters on it, like a computer keyboard. They point to the letters that spell words so someone can understand them. Some people have electronic systems that use pictures or symbols or that attach to

computer monitors. Some systems have a voice that repeats the word, sign, or symbol to which the individual points.

▪ **Behavior**

Behavior can tell you a lot if you “listen” to what it is saying. Among other things, it gives you information about what individuals want, when they are unhappy, and their interest in being social.

Some of the things that behavior can communicate are individuals’:

- Preferences or choices
- Requests for objects
- Requests for assistance
- Requests for affection
- Desire for attention
- Feelings

The purpose of all modes of communication is to support individuals as they make choices and interact. It is important that IPs are able to identify the modes of communication that individuals use and support them in using those modes.

ACTIVITY	
“Listening” to What Behaviors Are Communicating	
<p><i>Directions: Read the following behaviors in the left column. In the right column, write down what you think the behaviors are communicating.</i></p>	
Behavior	What could that behavior be communicating?
<p><i>Example:</i> Bob points to an apple on the table and then points to his mouth.</p>	<p>Bob wants to eat the apple.</p>
<p>Martha smiles and shakes your hand.</p>	
<p>Dan comes to you with a toothbrush in one hand, toothpaste in the other hand, and a confused look on his face.</p>	
<p>Lisa spits peas onto the table.</p>	
<p>Juan tugs at your sleeve.</p>	

Communication Disorders

You have learned about some of the ways that people communicate. In part, the mode of communication is influenced by communication disorders that an individual may have. Some of the things that can get in the way of an individual being understood include:

- Limited or no speech.
- Hearing loss.
- Poor control of muscles needed to produce speech (like with cerebral palsy).
- Damage to the part of the brain that controls speech.
- Challenging behaviors.
- Day-to-day health of the individual.

When it is hard to make your needs known, it's difficult to meet people and to do the things you enjoy and it may make an individual behave in a negative way.

There are two kinds of communication disorders:

1. Speech Disorders

Speech disorders relate to the muscles that people use to form the sounds of speech. There are four types of speech disorders:

Abnormal pitch

This is a condition in which an individual's voice is high-pitched or very deep. It is similar to the difference between a man's and a woman's voice. Men's voices are usually lower toned or pitched than women's.

Abnormal quality

This is a disorder in which an individual makes the sounds, but the sounds last

longer or shorter than usual or are molded together in a way that make it hard to understand. It is similar to a tape recording that has gotten too old so that the tape moves slowly or a tape recording that, at the end of the tape, moves fast so the voices sound high pitched and fast.

Excessive loudness

This is a condition in which individuals almost shout rather than talk.

Incorrect articulation

This is a condition where the individual's mouth makes sounds incorrectly. Perhaps a "p" is pronounced with a voice and breathing like a "b" sound. Another example is an individual's inability to make the sound at all with his or her lips, which keeps the listener wondering what he or she meant. Sometimes speech muscles that don't work cause a speech disorder. You may hear a speech therapist who works for someone you support talk about this. Some individuals may miss sounds when they are talking, like saying "nake" for "snake," or "moke" for "smoke." Or an individual might say "dis" and "dat" instead of "this" and "that."

2. Language Disorders

Language disorders are sometimes caused by damage to some area of the brain. With a language disorder an individual might be limited in his or her ability to understand language. This is called receptive language. An individual's ability to talk might be limited. This is called expressive language. Or, a person may talk as if they are much younger.

Supporting Individuals During Daily Routines, *continued*

Once the IP has identified the individual's modes of communicating, his or her responsibility is to encourage communication during daily routines. Each time the IP and the individual are together is a chance to initiate communication. This will help individuals feel more in control of their lives and participate in their communities in a meaningful way. Following are some suggestions for supporting individuals' communication every day:

- **Create opportunities during the day to promote conversations with individuals.**

For example, talk to the individual while doing personal care, oral hygiene, eating, and dressing routines. These are opportunities for you to learn more about individuals' modes of communication and their preferences.

- **Allow individuals time to respond.**

Sometimes people are so busy that they ask a question and don't really wait for a response. How many times have you asked someone "How are you?" without waiting to hear their answer? It is important to keep in mind that some individuals may take longer to understand a question. Others may need time to formulate their response. Sometimes the response may take a very long time.

- **Acknowledge the individual's attempt to communicate.**

Remember that everyone communicates in different ways. Even a small sound or gesture needs to be noticed. That will let the individual know that what they are trying to tell you is important to you.

- **Provide your employer with opportunities to make their own choices and avoid making decisions for them.**

If you have known an individual for a long time, you often think you know what they need and want. However, individuals' needs and preferences may change over time. It is essential to create opportunities for individuals to communicate their needs and preferences. One way to do this is to provide "choice opportunities." Choice opportunities are situations in which someone is provided with a choice between two or more items or activities. You can offer choices throughout the daily routine. For example, "Do you want to brush your teeth with Crest® or Colgate®?" "Do you want pizza or steak for dinner?" "Would you like to go for a walk or go to a movie?"

- **Talk to the individual about routines as they occur.**

It is important to talk about activities as you do them. Imagine if you had to go through a day in total silence. By talking through each activity, you increase the chances that the individual will learn the words, as well as the order of the activities. You should talk through routines with the individuals you support even if you don't know if they really understand. You don't always know what the individual understands.

What the IP teaches about communication is as important as how it is taught. If an individual is communicating through pictures or graphic symbols, the IP may need to spend more structured time to assure that

Supporting Individuals During Daily Routines, *continued*

The symbol matches what the individual wants to communicate. The IP would also want to use those symbols throughout the day for routines and activities so that there are many chances to practice them. For someone who is learning to make choices through facial expressions, you would also want to make sure that there are a number of chances for him or her to make a choice and to practice facial expressions.

Scenario: Missed Opportunity

Featuring



Helen

An 83 year-old woman



Mona

Helen's individual provider

Helen is seated at the dining room table. Mona is preparing dinner.

Mona enters the dining room with a plate of food. She sets it on the table in front of Helen and leaves the room.

A few moments later, Mona enters the room again with a glass filled with water. She sets it on the table and leaves again.

Mona re-appears and hands Helen a napkin. Mona retreats back into the kitchen.

1. What is the missed opportunity?
 2. What would you do differently?
 3. How does Helen feel?
-

Scenario: Everyday Communication

Featuring



David

A 29 year-old man



Jessie

David's individual
provider

David is sitting at the table in his kitchen while Jessie is preparing food.

Jessie: "Hey, David! Would you like some nachos?"

Jessie brings a plate to the table after David says he wants nachos.

Jessie: "Okay. Just pull the Saran Wrap back. Be careful because it's pretty hot."

David begins to eat

Jessie: "Would you like an apple?"

After thinking for a moment, David says that he'd like an apple. Jessie brings an apple to David at the table.

Jessie: "How about some salsa for your chips?"

David nods "yes." Jessie brings the salsa to the table and loosens the lid on the jar.

Jessie: "Okay, David—just undo the top and pour out how much you want."

David pours out enough salsa for his chips.

Jessie: "Perfect! All right, David—enjoy!"

1. What did the IP do well?
 2. What could the IP do better?
 3. Does David's quality of life change?
-

Strategies for Making Communication a Part of Every Day

- Use words when the individual feels something (sore, hurt, tired).
- Name objects during daily routines.
- Point out objects while on a walk, in the car, at the park, or in the store.
- Point to pictures of objects in books and say them clearly.
- Have the individual watch your mouth as you say words.
- Speak in short sentences when giving directions.
- Be sure to pronounce the entire word.
- Encourage progress in making sounds and saying words.
- Be sure your movements are simple when teaching.
- Encourage individuals to use all of their senses.
- Listen carefully to what the individual says or attempts to say.

ACTIVITY

Supporting Individuals in Their Daily Routines

Directions: Imagine an individual you will support and one routine that they will do on a daily basis (for example, brushing their teeth, bathing, eating breakfast). Using the Strategies for Making Communication a Part of Every Day and your own strategies, write down three ways that you can encourage that individual's communication during that routine.

Daily routine: _____

Strategies I use to encourage communication during this routine:

1. _____
2. _____
3. _____

Scenario: Poor Communication

Featuring



David

A 29 year-old man



Kami

David's individual provider



Jessie

David's individual provider

David is sitting at the kitchen table while Kami is preparing his lunch. In the background, a countertop television is blaring. Kami is really focused on the talk show on television.

Kami: "David!! Come in here! It's time to eat!."

Noticing David already at the table, she quickly slaps some salad onto his plate. Her eyes never leave the television.

David: "Kami...Kami...KAMI! I hate salad!"

Kami flicks her hand as if she's inconvenienced and begins serving David some casserole as she watches the television.

David: "Kami, there's onions in this. I don't like onions, either."

Kami continues to serve food. She manages to pour a glass of water for David without missing much of her television show.

Jessie arrives for her afternoon shift and sees David seated in front of his food.

Jessie: "Good afternoon, David!" Noticing the problem, she says, "Kami, David doesn't have any silverware." Jessie brings a fork to David.

1. What mistakes did you read?
 2. What would you do differently?
 3. Did the individual's quality of life change?
-

Active Listening

Until now, this session has focused on communicating with individuals and facilitating individuals' communication. We will now discuss how IPs communicate with each other and with other people supporting the employer.

Active Listening

Each of us shares the responsibility for good communication. Listening is a key skill to good communication.

Realistically the life of an IP doesn't always lend itself to those private moments when listening would be easy. When you add more people and their interests, you've increased the difficulty of listening.

Effective IPs develop the skills to both assist individuals to communicate and to listen very carefully. Another role of the IP is to learn how to communicate effectively with other team members, including:

- Family members
- Case managers
- Neighbors
- Co-workers
- Work or program staff at jobs or day programs

NOTE: Remember that in order to protect your employer's privacy, you should only share information with people who are listed on the Individual Service Plan. In some cases, neighbors or co-workers are part of an employer's care team—but not always.

We all need to take the time to figure out the words we hear. We may even need to ask the person who said them if we heard correctly before we respond. That means that we have to pay very close attention to each word the person is saying. This is called **active listening** because it involves a lot of energy. The steps for active listening are:

- Hear the words.
- Figure out their meaning.
- Respond to the meaning in your own words.

Hearing what a person says is not the same as listening. It happens when you take time to see if what you understood was what the person really meant. Your response is a way to "check" if the individual feels heard and that the communication was understood. The ways that the IP can do this are to:

- Ask the speaker questions to see if the understanding is correct.
- Re-word the statement and say it back for clarification. For example: "What I hear you saying is that you feel frustrated. Is that correct?"

Sometimes it is important to not only hear the words but to "actively listen" to the individual's behavior or other modes of communication.

Conflict Resolution

To this point, this session has focused on assisting individuals learn how to communicate and IPs becoming good communicators. There will be times, even with good communication, when people disagree. For example, the case manager and the individual you support may disagree about the goal an individual may have, a parent may disagree with the support given to an individual, or two individuals living together can disagree about what TV

program to watch. There are many times that an IP will encounter conflict. It is important to know how to effectively and professionally resolve conflict.

Helping individuals be more independent may also mean teaching individuals how to resolve conflicts, how to solve their own problems, and how to make decisions. With those skills, the individuals you support can be more confident in their own abilities.

ACTIVITY

Stepping into Another Person's Shoes

Directions: Pair up with another person in the class, and ask the following questions. Write your partner's answers below.

1. Did you share a bedroom growing up?
 2. Do you share a home with someone now?
 3. Was there ever a time when you didn't like sharing a room?
 4. What made sharing a room or a house difficult?
-

ACTIVITY

Conflict Brainstorm

Directions: Write down all the words you can think of that mean "conflict" to you.

Conflict is:

[illegible]

Sometimes what you see as a disagreement is seen very differently by the other person. One important part of understanding conflict is to see things as the other person sees them.

ACTIVITY

The Way I See It

Directions: Think about a conflict or disagreement you are currently involved in or have had recently. It can be in your work life or outside work. Imagine that right after class, you are meeting with the person with whom you have a conflict. Maybe you had a disagreement last night and have not seen that person since. Prepare for that meeting by writing down your answers to the following questions.

1. What is the disagreement?
2. What will you discuss with the person when you meet?
3. What result do you want from the meeting?

ACTIVITY

Another Way to See It

Directions: Now imagine that you are the person with whom you have a conflict. Prepare for that same meeting by writing down your answers to the following questions.

1. What is the disagreement?
2. What will you discuss with the person when you meet?
3. What result do you want from the meeting?

Method for Managing Conflict

Following is a method that you might use for managing conflict. This method may be helpful both at work and at home.

- **Separate the person from the problem.**

Put yourself in the other person's shoes, like you just did in the activity.

Sometimes, something about the person is just annoying to you. It could be his or her voice or the way he dresses, or you don't like the way he lives his life. But you have to look just at the problem in order to resolve things. You have to control your emotions, even if the other person is doing things that really bother you. Mostly, you want to make sure that you understand each other.

- **Figure out each person's goals and interests.**

Concentrate on what each person wants most and try to find the places where there is agreement. Be open to meeting someone half way. Everyone should define how they see the problem, and the problem has to be discussed before solutions can be.

- **Find answers that work for both people.**

There are many different ways to find possible answers to the problem. One way is brainstorming, which you'll practice a little later. Explore all kinds of options before making a decision.

- **Try to agree.**

You may not come to agreement on a solution the first time that you discuss the problem. Sometimes, you have to review all of the options several times. Some people may want to think it over or discuss it with others. Once there is agreement, decide what the next steps might be. Who will do what, and when will that be done? Then figure out how to decide if the solution really worked.

ACTIVITY

Brainstorming

Directions: Break into small groups or pairs. Read the following scenario. Next, brainstorm some ways that the money could be spent. Every idea that the group members suggest must be written down. Then, as a group, try to come to agreement on one of the suggestions.

Scenario:

Your church group gave you \$100. The church members indicated that the money can be spent on any outing or special activity to support your employer. The only restriction is that your employer and her family must be a part of the decision-making process.

Our group's ideas for how the money should be spent:

We decided on this idea:

Rules for Conflict Resolution

Below are some rules for resolving conflict. Rules like these are often used to help couples to communicate better. When you are discussing a difficult problem:

- **Use “I” statements.**

Using “I” statements means that you need to talk about the problem or disagreement from your own point of view. Look at the difference between the following statements:

“I feel much better when you call to let me know you’ll be late.”

“You never come home on time.”

The second example puts the blame for the problem on the other person and can make it difficult to resolve the problem.

- **Be willing to resolve the problem.**
- **Do not engage in name calling.**
- **Stay in the present and stick to the topic.**

Staying in the present and sticking to the topic means that you shouldn’t bring up problems that are not related to what you are discussing right now. Consider the following statements:

“You are acting just how you used to act five years ago when you never called home if you knew you would be late.”

“And I also am sick of you leaving your dirty clothes on the floor instead of putting them in the hamper.”

Statements like these take the focus off the problem at hand and make resolving it seem much less manageable.

- **Don’t interrupt the person who is talking.**
 - **Recognize that the other person has his or her own feelings.**
 - **Ask questions to understand the other person’s side.**
-

SESSION 3 – COMMUNICATION: QUIZ

1. To communicate with someone who has difficulty expressing thoughts and feelings verbally, you should:

- A) Show pictures and ask them to make a choice.
- B) Ask them to repeat themselves until you understand.
- C) Ask them to speak louder.
- D) Prompt them with your own reply.

2. An example of how an individual uses behavior to express a greeting is:

- A) The individual walks away from you when you say “Hello!”
- B) The individual comes to you and shakes your hand.
- C) The individual signs to you.
- D) The individual looks at you when you say, “Hello!”

3. The IP ensures good communication with individuals by:

- A) Speaking clearly.
- B) Listening to the individual, watching his or her behavior and repeating back to the individual for understanding.
- C) Talking loudly.
- D) Looking at the individual when he or she talks.

4. Using an “I” message means to:

- A) Tell team members what you want them to do
- B) Use the word “I” before asking for help
- C) Be a good listener
- D) Hear the other person’s words, think about their meaning and respond to the meaning.

5. An example of how to be a good listener is to:

- A) Walk away from the speaker if you don’t agree with what is being said.
- B) Always look at the speaker, smile and be happy.
- C) Watch body language, wait for answers and read facial expressions.
- D) Ask the speaker to repeat herself.

6. Nonverbal ways that individuals sometimes communicate include:

- A) Using facial expressions, gestures and pointing.
- B) Being quiet.
- C) Singing out loud.
- D) Looking around the room and sitting down silently.

7. Social skills that help communication include:

- A) Showing attention to the individual while talking.
- B) Laughing and enjoying communication.
- C) Asking the individual to repeat himself.
- D) Walking while talking.

8. The most serious barriers to communication include:

- A) Television watching and loss of sleep.
 - B) Hearing loss, limited use of muscles or day-to-day health of the individual.
 - C) Having many needs.
 - D) Having no friends
-

9. Ways to improve communication include:

- A) Avoid anticipating the individual's needs.
- B) Using drawings for picture communication.
- C) Sitting with the individual after mealtime to talk.
- D) All of the above.

10. One way the IP can improve communication:

- A) Acknowledge the individual's attempt to communicate.
- B) Be sure to look at the individual when giving directions.
- C) Provide five choices for the individual.
- D) Give the individual candy or fruit whenever he or she asks for something.